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ABSTRACT

A survey was conducted to provide a profile of the health status and risk behaviors of youth in Alaska. The goal was to develop a statewide database which, when coupled with morbidity and mortality data, would provide information that would allow those who plan and develop services at state and local levels to better target those services. During the 1988-89 school year, surveys were received from 5,458 students in grades 7 to 12 in 27 school districts across Alaska representing 13% of the total state enrollment in these grades. The survey contained 162 questions on a range of issues, including: health status; health-related behaviors; family life; feelings about school and school performance; behaviors and attitudes about foods and eating; use of alcohol, tobacco, and drugs; sexual behavior and contraception; and involvement in antisocial or deviant behaviors. Numerous tables and figures present findings in these areas. Results suggest that most youths surveyed see themselves as physically healthy, but because of their dietary or behavioral patterns, some have risk factors that predispose them to chronic illnesses later in life. Most also see themselves as emotionally healthy, although a number have serious problems. Findings, it is emphasized, apply primarily to public school students living in rural areas, villages, rural highway communities, and regional centers. The report concludes with a set of challenges for Alaskan communities to meet in order to help Alaskan youths grow up to reach their full potential. (GLR)

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The State of Adolescent Health in Alaska

ED344698

May 1990

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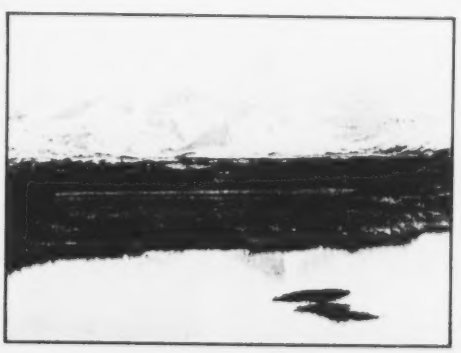

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Acknowledgements

This volume is dedicated to the 5,458 youth of Alaska who shared their thoughts and feelings through the Adolescent Health Survey and to the staff of the 27 participating school districts. This effort was successful due to the many hours of time and energy devoted by their school district boards, superintendents, principals, teachers and other staff. A special debt of gratitude is due to these individuals and to the many other individuals and organizations who shared a vision and commitment to listen more effectively to Alaska's youth.

The administration of the Adolescent Health Survey was co-sponsored by the Alaska State Department of Health and Social Services, Myra Munson, Commissioner and the Alaska Area Native Health Service, G.H. Ivey, Area Director. Crucial to the successful completion of this project was the collaboration and cooperation of the Alaska Department of Education, William Demmert, Commissioner. Members of the statewide steering committee co-chaired by Jacque Greenman and Sally Mead provided invaluable guidance and coordination throughout this project.

Acknowledgement is also due to all of the Native Regional Health Corporation health educators and maternal child health coordinators for their enthusiasm in facilitating the administration of the survey within their area school districts.

The State Division of Public Health provided staff to assist in all activities of the project. Special appreciation is offered to Elizabeth Ward, Dwayne Peeples, Diana Barton, MaryAnn VandeCastle and other Public Health staff for the many hours spent coordinating with school districts and the University of Minnesota Adolescent Health Program. Rocky Plotnick-Weller and William Wood did an outstanding job as contract staff for the project.

The initiative for this project came from the nationwide effort of the Indian Health Service to survey the health perspectives and needs of American Indian and Alaska Native youth. Special appreciation is expressed to Dr. George Brenneman of the IHS for providing this catalyst that enabled the State of Alaska to join in the effort and offer the survey to all youth in Alaska.

Endorsement of the survey was provided by the State Board of Education, the Department of Education, the Alaska Native Health Board, the Governor's Interim Health Care Commission, the Governor's Interim Commission on Children and Youth, the Anchorage Municipal Department of Health and Human Services, the North Slope Borough School District and the Medical Advisory Board of the Anchorage School District.

The Governor's Interim Commission on Children and Youth provided support and advocacy for the funding of the survey by the Alaska Legislature. A special note of thanks to Dr. Peter Scales, Chairperson, for all of his personal support.

Photographs were provided by Jerry Peverall, teacher and freelance photographer from Emmonak, Alaska; David Predeger, Anchorage.

So, too, are special thanks due to the entire staff of the University of Minnesota Adolescent Health Program. Their tireless enthusiasm, flexibility and willingness to respond to the many unique aspects of conducting a project of this scope in Alaska is keenly appreciated. Special thanks to Robert Blum, Linda Harris, Michael Resnick and Annette Robles of the Minnesota Adolescent Health Program.

STATE OF ALASKA

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DEPT. OF HEALTH AND SOCIAL SERVICES

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May 24, 1990

I am pleased to introduce the Alaska Adolescent Health Survey (AHS) statewide report. This survey of over 5,000 adolescents in grades 7 through 12 was conducted during the 1989-90 school year by local school personnel. Technical assistance was provided by the Department of Health and Social Services, Department of Education, and the Adolescent Health Program (AHP) of the University of Minnesota. The study was modeled after similar surveys of adolescent health conducted by the University of Minnesota AHP, and I believe it is the most comprehensive health survey of this age group completed to date in Alaska.

I want to express my sincere appreciation to those school boards, superintendents, parents, teachers, and students in the 27 school districts across the state who participated in this survey. This represents a continuation and expansion of cooperative efforts on the part of federal, state and local organizations from both the education and health systems.

The AHS is an important step in establishing a baseline of information against which efforts to improve the health of Alaskans can be measured. This baseline information is in several areas of health-related behavior which are difficult to assess, but which have important long-term implications for the health of our young people. Without this information, it would be impossible to determine the effectiveness of our efforts to improve public health and, particularly, our prevention activities.

The University of Minnesota AHP has provided evidence that adolescents constitute the only segment of our population which has not enjoyed an improvement in overall health status in recent years. Improvements in disease prevention and treatment have been offset by dramatic increases in social and behavioral causes of mortality and morbidity such as suicide and problems related to drug and alcohol abuse. Accidents, homicides, and suicides account for about 77% of adolescent and young adult mortality today.

I believe the AHS represents one of several steps needed to change these alarming statistics. This report is presented with the hope that it will stimulate cooperation and the commitment of resources necessary to reverse this destructive trend.

The Department of Health and Social Services, Office of Prevention, will be handling the dissemination and utilization of the AHS statewide report. If you have questions, please contact Richard Conrad, Prevention Specialist, at 465-2195.

Sincerely,

Myra M. Munson
Commissioner

Executive Summary

The Alaskan Adolescent Health Survey was undertaken in 1989 to draw a picture of the perceived health status and risk behaviors of youth in the state. It was intended to learn more about the health problems and concerns of youth from their perspective. The goal throughout has been to develop a statewide database which when coupled with morbidity and mortality data would provide information to those who plan and develop services at the state and local levels to better target those services.

While the entire state was invited to participate, the largest metropolitan areas declined, and as a consequence completed responses were received from 5,458 students in grades 7–12 representing rural areas, small towns, highway communities and regional centers from 27 school districts across Alaska. Seventy-seven percent of eligible students in participating districts completed the survey with the remaining students either having been absent the day of the survey (10%), having failed to bring the signed parental permission slip (10%), or having declined participation (3%).

The sample represents 13% of public school students in grades 7–12. While we cannot claim that the data are statistically generalizable to all rural and urban areas equally, we know this represents the largest study of youth health ever undertaken in Alaska.

Not only is it the largest study in terms of numbers of respondents, but it is the most comprehensive as well. The Alaskan Adolescent Health Survey contained 162 questions on a range of issues: health status; health-related behaviors; family life; feelings about school and school performance; behaviors and attitudes about foods and eating; use of alcohol, tobacco, and drugs; sexual behavior and contraception; and involvement in anti-social or deviant behaviors.

The results suggest that most youths surveyed see themselves to be healthy—at least physically healthy. On the other hand, because of their dietary or behavioral patterns 14 percent have risk factors which predispose to chronic illnesses later in life. These "predisposing factors" for illnesses such as cardiovascular disease and cancer appear to be more prevalent in smaller communities. In addition, compared with the nation, more Alaskan teens appear to be overweight.

Weight concerns are common among teens wherever they live; and Alaskan youths are no exception. For example, three out of ten females and 10% of males in this survey have a distorted body image; they see themselves as fat when they are not. Such distortions may lead to problem eating patterns of chronic dieting, binging and purging.

As is true for physical health, most teenagers in Alaska also see themselves as emotionally healthy. However, there is a significant minority of teenagers who report problems of grave concern. Over one-in-twenty describe themselves as severely stressed—a third of whom have been abused and half of whom have attempted suicide.

Overall, one-in-six Alaskan youths report they have attempted suicide—23% of females and 13% of males. Over half of these youths report having made multiple attempts. Over a third of all those who have made suicide attempts say they told no one. Many have family members or friends who have either attempted or completed suicide. As one would anticipate, there is a strong association between suicidal behavior and other risk factors (e.g., disordered eating, premature pregnancy) and especially abuse.

Physical and sexual abuse are relatively common among Alaskan youths with 23% of females and 8% of males reporting having been physically abused. A quarter of all girls and 3% of boys report sexual abuse. These figures especially for girls, are significantly higher than what many estimate to be the national prevalence. A total of 34% of girls surveyed report having been physically and/or sexually abused. Many youths who are abused tell no one.

When we turn to sexual activity we find that overall 43% of males and 38% of females in the survey report being sexually active. Upon closer examination, the patterns of sexual intercourse appear to parallel the nation as a whole with nearly three-quarters of females and two-thirds of males reporting being sexually active by the 12th grade.

Among those who have had intercourse, 15% of the girls report ever being pregnant; and 9% of sexually active males were aware that they had made someone pregnant. By the 12th grade, 21% of girls have been pregnant and, of those, more than one-in-four have been pregnant multiple times.

Given these pregnancy data, it is not surprising that many teens report rarely using contraception; among those who do, condoms are most commonly used by 58% of males and 41% of females.

Other high risk youth behaviors are tobacco, alcohol and drug abuse. By the 12th grade more than a quarter of females and one-in-five males report they smoke cigarettes every day. An additional 18% of males report using smokeless tobacco daily (compared with 7% of females).

While most teens have tried alcohol, 25% of 12th graders in larger communities and 16% of the group in smaller communities report they drink either daily or weekly. Seventeen percent of youths have use patterns which place them at risk for drinking problems. Many of these youths already have problems as a consequence of their use.

The third major drug of abuse is marijuana, with nearly half of all seniors reporting ever having used it. One-in-ten seniors report daily or weekly use.

A final risk behavior category relates to those behaviors which predispose to injury or death. Highest on the list is drinking and driving—a behavior which accounts for over half of all juvenile mortality nationally. In Alaska, nearly half of 10-12th grade males and a third of 10-12th grade females report ever drinking and driving. Additionally, one-in-three teens surveyed do not use seatbelts with any regularity.

Over half of rural youths ride motorcycles or ATVs (All Terrain Vehicles) on a regular basis—and over half fail to wear helmets consistently.

Finally, nearly 40% of youths have been involved in violent behaviors such as fighting; and between 15% and 25% of Alaskan youths also participate in illegal activities such as vandalism, shoplifting and stealing from home.

Taken together, the portrait which Alaskan youths paint of themselves is a mixed picture. Many are happy, physically fit and emotionally stable. But for a significant number, adolescence is a time of distress and problems.

The report which follows is presented with the hope that the needs of Alaskan youth can be effectively addressed in a timely manner and with sufficient resources to reduce the health risks revealed by this study.

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I. Introduction

Since the beginning of the century, strong public health efforts have greatly reduced the impact of infectious disease on youth of America. However, while improved sanitation, nutrition and housing as well as use of vaccines have enabled our youths to live longer and healthier lives, few gains have been made in reducing overall death or disability. Today, new threats imperil the health and vitality of our teenagers.

Traditional measures of health status and health problems may no longer be sufficient for purposes of planning and evaluating programs for today's youth. No longer are the primary threats the external forces of disease. The causes of health problems among adolescents have become increasingly complex. Today, over three-fourths of adolescent deaths nationwide stem from socio-behavioral causes. Teenage pregnancy, drug and alcohol abuse, stress and depression also have their origins in psychosocial, lifestyle or environmental factors. Today, personal choices, lifestyle decisions, the social effects of poverty, and environment have replaced the infectious diseases as the primary causes of ill-health.

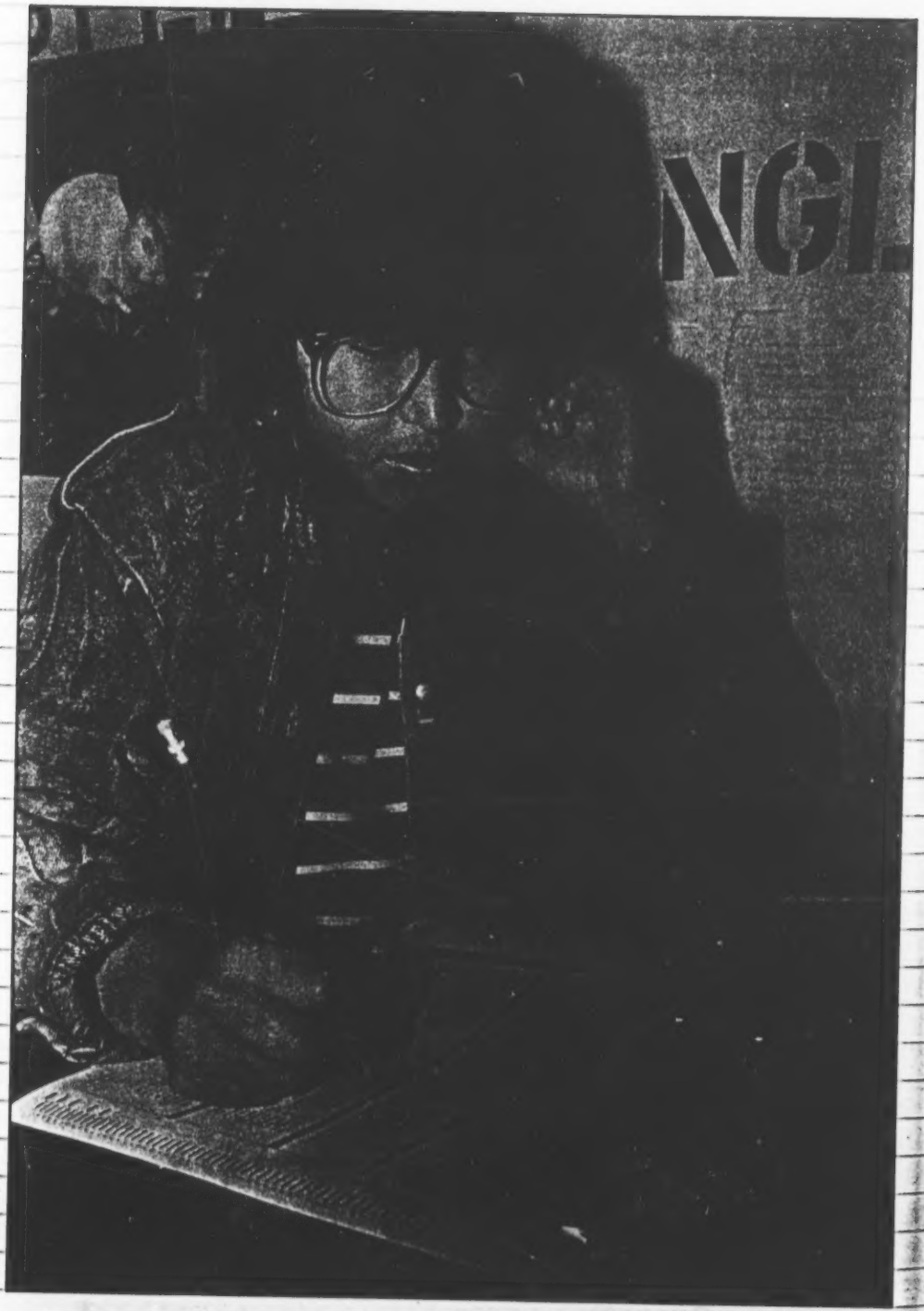
While Alaska state agencies collect a variety of health-related information (e.g., causes of death, communicable diseases, injuries and pregnancy-related data), the use of such data becomes problematic for even the most skilled analyst. First, there is no consistency among agencies as to age clusters used for reporting. Secondly, age ranges used by an agency to report data do not necessarily correspond to either developmental or legal parameters of youth. Third, it is difficult to obtain data on a timely basis with often a one- to two-year time lag between data collection and availability. Fourth, governmental data tends to provide information on those who utilize specific services or have specific problems rather than on youths in general.

To overcome the shortcomings in the way information is both collected and reported on adolescents, the Alaska State Department of Health and Social Services, the Department of Education, and the Alaska Area Native Health Service sponsored an effort to develop a database on Alaskan adolescent youth health. As part of that effort, a large scale adolescent health survey was undertaken in 1988-1989 to collect comprehensive information from over 5,000 of the 43,000 Alaska public school youths in grades 7 through 12.

The questionnaire used in the Alaskan Adolescent Health Survey was developed with input from numerous professionals throughout Alaska and the United States. Topics included:

- major worries and concerns of youth
- utilization of available services
- body image
- nutrition and eating behavior
- sexual behavior and orientation
- mental health, suicide and abuse
- risk-taking behaviors
- school performance and conduct
- anti-social behavior
- substance use
- relationships with family, friends and other adults

The questions asked and the issues raised in the Adolescent Health Survey were those for which answers were repeatedly sought by educators, health professionals, politicians and program planners throughout the State of Alaska. During the process of conducting the survey across the state, one message was repeatedly heard: no longer can we wish away the problems of youth. We must understand the dimensions and dynamics of those issues and concerns to develop effective prevention and intervention strategies.



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II. Description of the Study

Who Conducted the Study?

The Alaska Adolescent Health Survey was commissioned by the Alaska State Departments of Health and Social Services and the Alaska Area Native Health Service. These agencies coordinated survey activity within school districts across the state and assisted with data collection. The survey was endorsed by the Alaska State Board of Education; and guidance was provided through an interagency steering committee. The Adolescent Health Program at the University of Minnesota contributed technical assistance through planning, implementation, data analysis and reporting survey results.

Questionnaire and Measurement Issues

The Alaska Adolescent Health Survey is a questionnaire containing 162 questions on a range of issues. Taken together, the following eight components represent the working definition of health used in this report:

- health status
- health-related behaviors
- family life
- feelings about school and school performance
- behaviors and attitudes about foods and eating
- use of alcohol, tobacco and drugs
- sexual behavior and contraception
- involvement in anti-social or deviant behaviors.

This confidential survey, which took most students approximately one hour to complete, was designed to be at a fifth grade reading level. Surveys were completed in a classroom setting under adult supervision.

The questionnaire had been used in previous surveys with over 50,000 youths in the United States. An interagency group of Alaskan educators and health professionals reviewed the instrument to modify it to Alaskan needs.

The findings of the survey which are presented in this report are based on students' self-report. While numerous methodological studies have shown self-report data to be reliable and valid measures of feelings and behaviors, particularly for salient life events, inherent biases may persist. To minimize such biases, and to detect patterns of misrepresentation or distortion, standard editing and validation methods were employed during data processing. In light of the use of these careful editing procedures, any biases toward under- or over-reporting are expected to be minimal.

Who Participated?

5,458 students in grades 7-12 completed the Adolescent Health Survey during the 1988-1989 school year. Data were collected from students in 27 school districts, representing 13 percent of the total state enrollment in those grades.

All school districts were invited to participate and approximately half of the 55 districts in the state agreed to participate. Ninety schools across the 27 participating districts permitted the survey to be conducted in their schools.

Approximately 77 percent of eligible students in participating districts completed the survey. Of non-respondents, 10 percent were absent on the day the survey was administered, 10 percent failed to bring in the signed parental consent permission slip, and the remaining three percent declined to participate.

Who is NOT Represented in These Findings

While half of all school districts participated in the survey, two of the largest, Anchorage and Fairbanks North Star Borough Schools did not. As a result, findings cannot be extrapolated to represent public school students living in the major urban areas.

Excluding Regions IV and V (Anchorage and Fairbanks), the sample of 5,458 students represents the youth population of grades 7-12 in the state of Alaska. The sample is representative in the sense that teenagers are represented in the survey in the same proportion as their school districts are represented in the population from which the sample was drawn. What can be seen from Figure 1 is that the Southeast region of the State is slightly overrepresented while the Northwest corridor is underrepresented. Given these limitations, to develop a comprehensive profile of youth in all regions of Alaska, additional survey work would be needed.

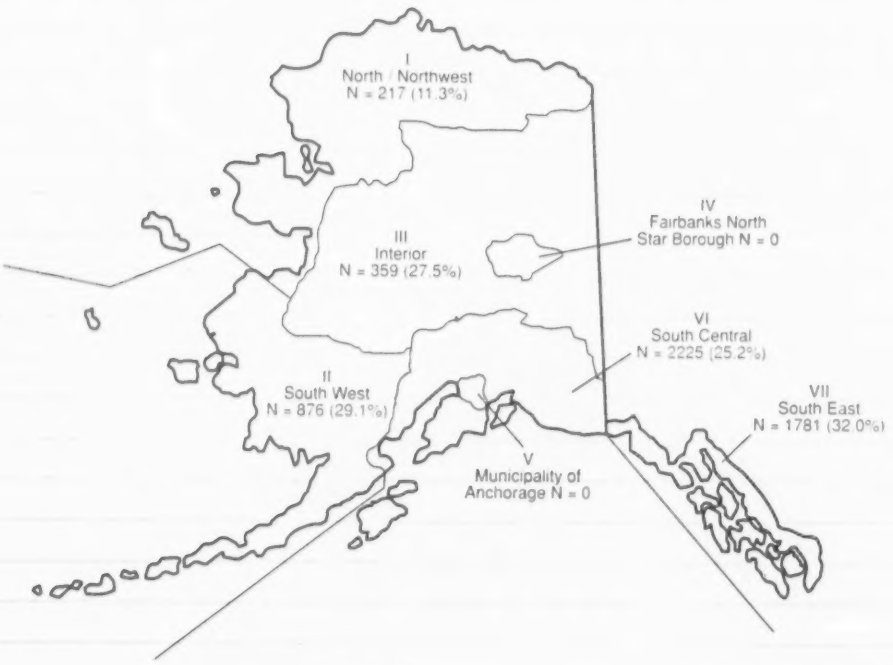
The findings in this report, therefore, primarily apply to Alaskan public school students living in rural areas, villages, rural highway communities and regional centers.

Table 1: Survey Population

Grade	Males			Females			Total
	Community Size[1]			Community Size[1]			Sample
	<2500	2500+	Males Total	<2500	2500+	Females Total	
7	166	390	556	171	378	549	1105
8	167	318	485	160	364	524	1009
9	179	315	494	165	358	523	1017
10	157	327	484	141	312	453	937
11	128	264	392	154	280	434	826
12	154	94	248	143	110	253	501
TOTAL	951	1708	2659	934	1802	2736	5395[2]

[1]Communities in which the surveys were conducted were divided into two groups—those in which fewer than 2,500 persons live and those in which 2,500 or more people live. This is the community size classification standard which the U.S. Census has used for classifying Alaskan communities.
[2]Information missing on the grade level variable and/or on the gender variable results in totals less than the grand total of 5,458.

Figure 1: Percent of Total and Number of Students Participating in Survey by Region



Interpretation of Findings

A certain amount of caution must be used in interpreting, digesting and using the findings reported in this study. Due to the concerns of some school officials and parents, many students were not allowed to participate and add their perspective to this portrait of Alaskan youths. While acknowledging limitations, this is the largest survey ever conducted on youth health in Alaska—more than one in ten of all Alaska youths participated; and in the regions where surveys were conducted, one in four students completed a survey. Given the size of the sample and the population on which the survey was conducted, the findings are both statistically significant and important for these are the youths of Alaska who are "making it"— the ones who remain in school.

The following groups of students were not represented in these findings:

- students living in and attending schools in the Anchorage or Fairbanks areas;
- students attending private or parochial schools;
- students institutionalized in correctional or other facilities who do not attend public schools; and
- teenagers not enrolled in school.

In addition, any calculation has some statistical error associated with it. Table 2 calculates the overall standard errors by grade and gender.

These standard errors were computed using the formula for standard error of a proportion (using a hypothetical .50/.50 proportion) and converted to percentages. (No correction for continuity was applied.)

They are presented herein to demonstrate which subsamples are subject to sampling variation as the data does not meet the assumptions of random selection or of normal distributions.

As an example, if the data showed that 50% of eighth grade males had a positive body image, the 95% confidence interval for the percent would be plus or minus 8.90%, indicating that the actual proportion in the population of eighth grade males who had a positive body image would have a 95% probability of falling between 41.1% (50.0% − 8.90%) and 58.9% (50.0% + 8.90%), based on the sample results.

Despite the constraints on generalizability, the youth who participated in the study, and the adults who helped them to do so, have succeeded in providing important information which potentially can benefit all of Alaska.

Table 2: Survey Population: Standard Errors (Percent)

Grade	Males			Females			Total
	Community Size			Community Size			Sample
			Males			Females	
	<2500	2500+	Total	<2500	2500+	Total	
7	±15.21	±9.92	±8.31	±14.99	±10.08	±8.27	±5.90
8	±15.17	±10.99	±8.90	±15.50	±10.27	±8.56	±6.17
9	±14.65	±11.04	±8.82	±15.26	±10.36	±8.56	±6.15
10	±15.64	±10.84	±8.91	±16.51	±11.10	±9.21	±6.40
11	±17.32	±12.06	±9.90	±15.79	±11.71	±9.41	±6.82
12	±15.79	±20.22	±12.47	±16.39	±18.69	±12.32	±8.76
TOTAL	±6.36	±4.74	±3.80	±6.41	±4.62	±3.75	±2.67

III

III. Student and Family Characteristics

Students participating in the survey were asked to provide demographic and descriptive information about themselves, their families and their communities. These data are useful both to evaluate the representativeness of the sample, and to describe the family milieu of the adolescents participating in the survey.

Student Characteristics

Demographic characteristics of the student participants include the following:

- Of the 5,458 students surveyed
  - 49.2% were female
  - 50.8% were male
- While 20% of the state's student population is Alaska Native, 30% of the sample were Native youths. Both African–American and Asian teens were underrepresented by as much as half their share of the state's population. These discrepancies are due in part to the fact that outlying areas, which are more heavily Native, were more heavily represented in the sample. Within the 27 districts surveyed, the proportion of Alaska Native students is approximately 30% (see Figure 2).
- While proportionate for all of the grades, the sample underrepresents 12th grade students (nine percent of the sample and 16% of the youth population). This may reflect a higher drop-out rate for students in smaller communities than one would see in larger ones. It may also relate to the time of year when the survey was done (Spring) compared with the time of year the school census is taken (Fall) and the schools losing seniors in the intervening six months (see Figure 3).
- 64.9% of the students surveyed attended schools in communities with a population of more than 2,500 people. 35.1% attended schools in communities with a population under 2,500. This is very similar to the population distribution for the state as a whole.

Figure 3: Percent in Each Grade Level

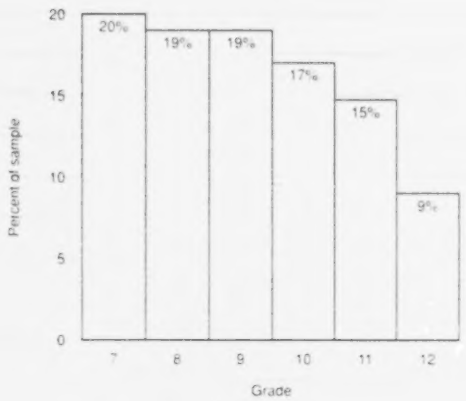
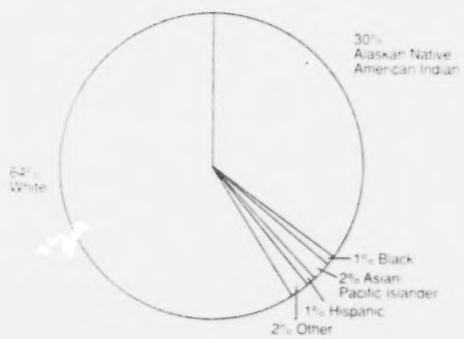


Figure 2: Ethnic Backgrounds of Survey Participants



Family Characteristics and Family Environment

- Nearly two-thirds of the youth surveyed report living in homes with two parents (see Figure 4).
- A little over one-quarter live in homes with only one parent.
- About one-third (32.1%) of teens report their parents are divorced or separated.
- Five percent report that one or both parents are dead.
- More than half of the students characterize their families as being caring (68%); 49.3% described them as understanding. (see Table 3). 47.6% as fun to be with, and 49.6% as attentive to them.
- One the other hand, 27.7 percent of females and 22.7 percent of males feel that people in their family understand them "not at all" or only "a little."
- 19.9 percent of males and 26.0 percent of females report wanting to leave home "quite a bit" or "very much".
- Interpersonal violence and fear for personal safety are major worries for between 5 and 15 percent of Alaskan youth (see Figure 5).

Table 3: Perceptions of Family Relations (Percent Reporting Quite a Bit or Very Much)

Perception of Family Relationships	Male (n = 2666)	Female (n = 2748)	Total (n = 5458)
Your family cares about your feelings	69.9	66.2	68.0
People in your family understand you	51.8	46.9	49.3
You and your family have lots of fun together	48.2	47.1	47.6
Your family pays attention to you	50.2	49.0	49.6
You want to leave home	19.9	26.0	23.1
You get upset at home	25.2	38.1	31.8

Figure 4: Current Living Arrangements

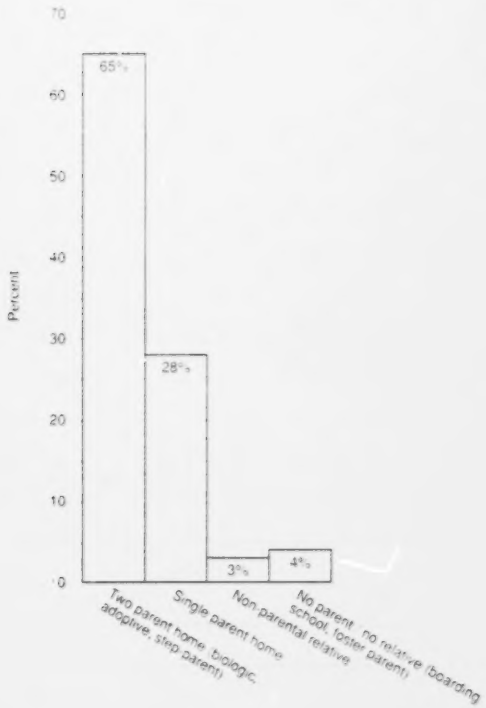


Figure 5: Family Worries
(Percent Responding they Worry Quite a Bite or Very Much About:)

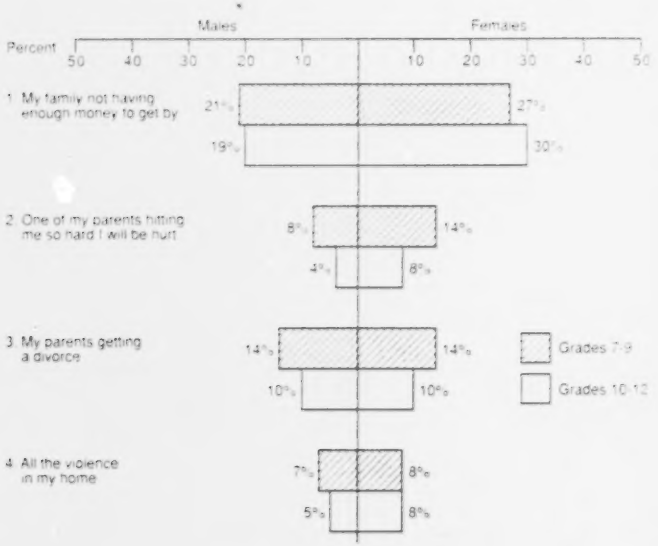
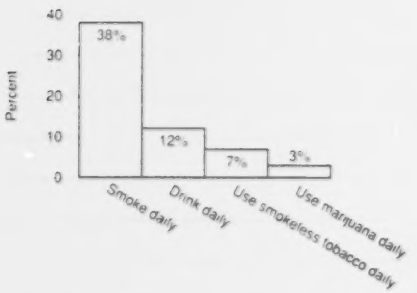


Figure 6: Teen Reports of Parental Substance Use
(One or Both Parents)



- Adolescents are far from oblivious to the economic problems of their families. Nearly a quarter of all students worry "quite a bit" or "very much" about the economic survival of their families.
- The possibilities of their parents divorcing worries many young people.
- Parental chemical use is also a major worry for some adolescents. Eleven percent worry a great deal about their parents drinking and five percent worry about their drug use (see Figure 6).
- One-in-five teens (20.6%) say one or both of their parents have had problems in the last five years because of drinking or drugs.
- Eight percent of students say they know their parents drive after 3+ drinks.

IV

IV. School: Academic Performance and Attitudes

Since school is one of the most important arenas in an adolescent's life, a number of questions were asked about how they felt about school, how they were doing in school, how frequently they skipped or cut classes, and the degree to which they were aware of deviant activities going on at their school.

Feelings about School

- Most students feel good about going to school—41% like it a great deal and 37% somewhat like school.
- 13% report they do not like school very much; and nearly one in ten report they hate school.
- More girls than boys like school; more boys than girls dislike or hate school.
- 24.1 percent of boys and 18.6 percent of girls report having been in special education.

School Performance

- When the students were asked to rate how well they do in school compared to friends their age, about ten percent (11.7%) said they do much above average, a third said they did above average (31.8%), and nearly half said they did about average (48.4%). A much smaller group report they do below average (7.0%), and a significant few (1.2%) felt that they do much below average.
- Perceived school performance is strongly and inversely correlated with every single risk factor measured. That is, one who perceives that he or she is doing worse in school than peers is at far greater risk for every bad outcome from pregnancy to heavy drug use to suicide attempts than peers who believe they are doing at least average work in school (see Table 4).

Avoidance Behaviors

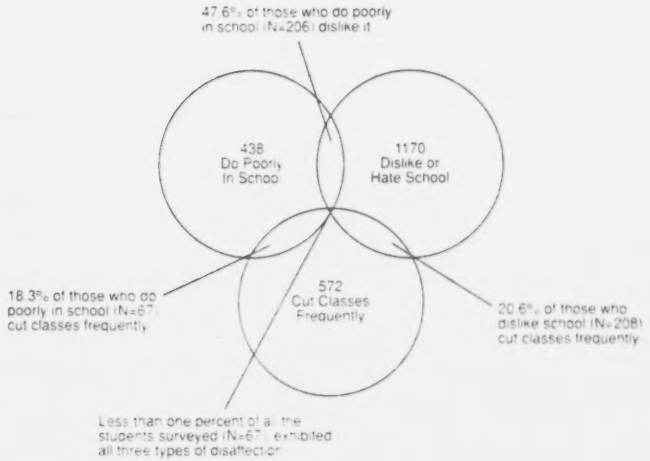
- Seven out of ten teens report they did not skip a single class during the month prior to the survey.
- 12% skipped three or more classes in the last month.
- Students who skip class frequently are also more likely to be involved in the risky behaviors cited in Table 4.
- Nearly a third (32.1%) of the students surveyed said either that they did poorly in school, they disliked or hated it, or they cut classes three or more times in the last month.

Table 4: Relationship of Self–Reported School Performance to Selected Risk Factors

	Percentage of those who report above and below average school performance who also report each of the associated behaviors and feelings.	
	Above Average	Below Average
Risk Factors	(n = 3335)	(n = 438)
Daily/Weekly Cigarette Use	11.3	35.0
Daily/Weekly Alcohol Use	9.5	21.3
Drink 5 + Drinks Per Sitting	26.7	48.1
Daily/Weekly Marijuana Use	4.1	15.3
Ever Had Sexual Intercourse	33.3	51.6
Ever Caused/Gotten Pregnant	3.4	8.8
Feel School People Don't Care	16.9	36.7
Feel Family Doesn't Understand Them	20.9	41.3
Feel Extremely Hopeless	7.2	16.3
Would Like To Commit Suicide	3.5	12.5
Have Attempted Suicide	14.3	27.1
Ever Been Sexually Abused	12.6	19.5
Ever Been Physically Abused	12.2	23.5

- Not surprisingly, a relatively high percentage (47.6%) of those who do poorly in school dislike school; however, far fewer of those who do poorly skip frequently (18.3%). And contrary to popular belief, relatively few of those who dislike school also skip school regularly (20.6%) (see Figure 7).

Figure 7: Interrelationships Between Poor School Performance Disliking School, and Cutting Classes


47.6% of those who do poorly in school (N=2061) dislike it
438
Do Poorly In School
1170
Dislike or Hate School
572
Cut Classes Frequently
18.3% of those who do poorly in school (N=67) cut classes frequently
20.6% of those who dislike school (N=208) cut classes frequently
Less than one percent of all the students surveyed (N=67) exhibited all three types of disaffection

School Environment

- Students at all grade levels reported drinking and drug use were the most common deviant behaviors on and off school grounds (see Table 5).
- Fighting and inhalant use were more common among younger (grades 7–9) students than those in upper grades.

Table 5: Percent Who Say The Following Activities Occur On or Off School Grounds Quite A Bit or Very Much

Activities Occurring On and Off School Grounds Quite a Bit or Very Much	Percent by Grade: Grades 7-9	Grades 10-12	Total
Students using drugs (marijuana, coke, crack)	28.7	49.1	37.3
Students drinking beer, wine, or hard liquor	47.3	65.6	55.0
Students inhaling paint, gasoline, etc.	6.2	2.4	4.5
Students destroying things (vandalism)	19.1	18.8	18.9
Students getting into fights	31.8	14.3	24.4
Students stealing things	22.8	22.3	22.6

V

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V. Physical Health and Well-Being

The complex set of relationships between physical, emotional, and social health are suggested by the data presented in this section. In the Adolescent Health Survey, students were asked to report on the condition of their physical health and health problems they have experienced. Students were asked how they felt about their bodies as well as about the practices they adopt to control their weight. They were also asked about the regularity with which they obtain preventive health care and engage in preventive health practices such as exercise and proper diet.

Perceptions of Physical Health

- About 85% of teenagers in Alaska rate their physical health to be good to excellent.
- Females are half again more likely than males to rate their health fair to poor (19.0% vs. 12.6%) (see Table 6).
- Those who rate their health as poor are significantly more likely to have had negative social experiences (e.g., abuse, pregnancy, poor school performance) compared with their healthy peers (see Figure 8).
- The most limiting conditions identified by Alaskan youth include:
  - —Headaches
  - —Needing to use eyeglasses
  - —Nervous/emotional problems
  - —Allergies/hayfever
  - —Stomach problems

Conditions reported to be most limiting of time in school were reported to be headaches and nervous/emotional problems (see Table 7).

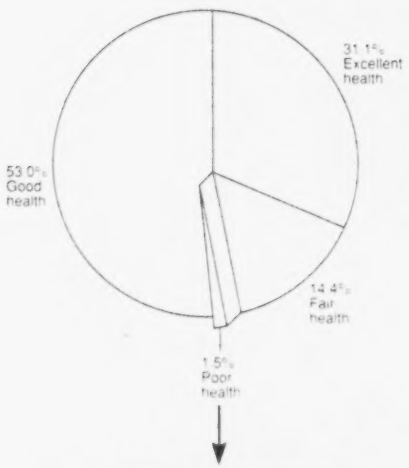
Health Care Utilization and Preventive Care

- Youths participating in this survey from communities of over 2,500 people are most likely to receive their medical care at a public health hospital or clinic (59.3%), a hospital emergency room (8.8%), a private physicians office (8%), or from a combination of sources (11.1%).
- Youths living in smaller communities receive their health care from public health hospital or clinics (43.8%), village clinics (28.5%), or a combination of sources (5.8%).

Table 6: Self-Perceptions of Physical Health

	Percent Of:	
Perceptions	Males (n = 2647)	Females (n = 2734)
Excellent	38.3	24.2
Good	49.1	56.8
Fair	11.5	17.2
Poor	1.1	1.8

Figure 8: Perceived Health Status and Its Correlates



Correlates of teens who rate their health as poor versus good to excellent

Correlates of Perceived Health Status	Poor (n=72)	Good or excellent (n=4104)
Attempted suicide	41.7%	15.8%
Do poorly in school	25.0%	6.5%
Use 3 or more drugs	8.6%	3.4%
Feel overweight	62.8%	27.9%
Sexually active	50.0%	39.6%
Been pregnant	18.8%	4.8%
Been abused	39.4%	20.3%

Table 7: Physical Conditions Reported by Alaskan Youth

Category	Condition	Percent of Total Reporting Having the Condition	Percent of Total Reporting Limitations with the Condition*
Nerve-Sensory	• Hearing Impairment	7.7	1.1
	• Speech Problems	9.8	1.0
	• Learning Disabilities	10.8	1.3
	• Seizures/Convulsions	2.6	0.5
Emotional	• Nervous/Emotional Problems	26.5	3.2
Somatic	• Abdominal Problems	31.2	2.3
	• Headaches	79.5	6.2
Chronic	• Diabetes	1.7	0.3
	• Allergies/Hay Fever	23.0	2.6
	• Condition which limits time at school	5.0	5.0

*Of the total sample, the following are percentages who see the condition as personally limiting.

Table 8: Percent Reporting Preventive Health Care

	Community Size			
	<2500		2500+	
Health Care Activity	Male	Female	Male	Female
1. Regular physical exam in last two years.	64.8	61.1	76.0	74.2
2. Hearing exam in last two years.	68.9	69.7	77.5	81.3
3. Eye/vision exam in last two years.	77.1	79.8	87.0	88.8
4. Dental exam in last 12 months.	58.7	64.0	66.2	71.3
5. Brush teeth at least once daily.	64.4	79.5	84.9	93.4
6. Strenuous exercise at least three times per week.	63.5	50.1	74.7	57.8

Table 9: Food Group Inadequacies*

Percent Usually Not Eating a Food Daily in the Following Groups	Percent Of: Male	Female	Total
Meats and meat substitutes	25.1	33.4	29.3
Dairy food	13.7	21.4	17.6
Bread and rice	20.5	21.0	20.7
Fruit and vegetables	14.5	12.8	13.6
Eats a food from all four groups daily	53.8	44.3	48.9
Misses one or two groups daily	39.1	47.8	43.5
Misses three or four groups daily	7.1	7.9	7.5

*Care should be taken in interpreting these findings. If a food from a particular food group is not consumed at least once daily, this indicates the student may have an inadequate diet in that particular group. However, because the quantity or amount eaten was not asked about, we can not make assumptions that a student consumes enough of a particular food group to be nutritionally sufficient. Therefore, we can only make inferences about whether one's diet is likely to be nutritionally inadequate, but not whether it is nutritionally adequate.

- Youths who live in communities of less than 2,500 people are less likely than youths from larger communities to rely on hospital emergency rooms (4.7%), or private physicians (7.1%).
- Nearly one out of ten youths in Alaska say they have no usual source of health care.
- Youths obtain preventive care more frequently in larger than smaller communities (see Table 8).
- Teenagers in communities of over 2,500 people are more likely than their peers from smaller communities to report: regular checkups (75% vs. 62%); a hearing examination in the last two years (80% vs. 69%); and an eye examination in the last two years (88% vs. 78%).
- Females appear to have somewhat better personal hygiene habits such as brushing teeth than males.

Eating and Nutrition

- Almost half of males (46.2%), and over half of females (55.7%) fail to eat foods from one or more food groups daily, and consequently are more likely than peers to have nutritionally inadequate diets (see Table 9).
- Seven percent of males, and eight percent of females potentially have seriously deficient diets in that they fail to eat foods from three to four food groups on a daily basis.

- Two-thirds of students eat a junk food (sweets or salty snacks) at least daily, and 40% eat them two or more times daily.
- 20.1% of students consume a subsistence food on a daily basis, such as moose, caribou, walrus, seal, etc.

Table 10: Comparison of Weight Status[1] Between Alaskan Youths and Youth Nationally[2]

Weight Status Based On Percentiles[3]	Alaska Males (N = 2,493)	National Males	Alaska Females (N = 2,593)	National Females
Underweight	13.0	25.0	10.9	25.0
Appropriate Weight	45.3	50.0	60.3	50.0
Somewhat Overweight	26.3	15.0	15.3	15.0
Obese	15.4	10.0	13.5	10.0
Percent Total	100%	100%	100%	100%

[1]Weight status was calculated based on students[2] reports of their height (in feet and inches), and their weights in pounds. This information was used to compute a reference standard as an indicator of the degree to which that person is overweight or underweight compared to persons of their height, gender, and racial group nationally.
[2]Deviation from expected values based on national norms (National Center for Health Statistics, 1987).
[3]Underweight = 0–25% (1st quartile); appropriate weight = 25–75% (2nd and 3rd quartiles); somewhat overweight = 75–90 percentile; obese = 90–100 percentile.

Weight Status

- Students were asked to report their heights and weights on the survey. Their self-reported weight was assessed against the national average weight for students of the same age, gender, height and race. Table 10 shows that a higher proportion of Alaska students are overweight or obese compared to a national representative sample of adolescents.
- 43.8% of females, compared to 19.2% of males felt that they were overweight at the time they were surveyed while many more males (14.9%) than females (6.0%) felt they were underweight.
- 31.3% of females and 11.2% of males feel that they are overweight when, according to their heights and weights, they are at an appropriate weight, or are even underweight.
- 11.4% of females and 34.0% of males feel they are underweight when, according to their heights and weights, they are at an appropriate weight, or are already overweight.
- Adolescent obesity is one factor which is predictive of adult health problems. Other behaviors such as tobacco use, a diet rich in chlorestrol, and inadequate exercise, are also known to be associated with the development of some serious and chronic adult health problems such as cardiovascular disease, cancer, and adult-onset diabetes. Table 11 shows the proportion of Alaskan students surveyed who may be at risk for developing these problems as adults based on their own reports of certain behaviors or health status as adolescents.

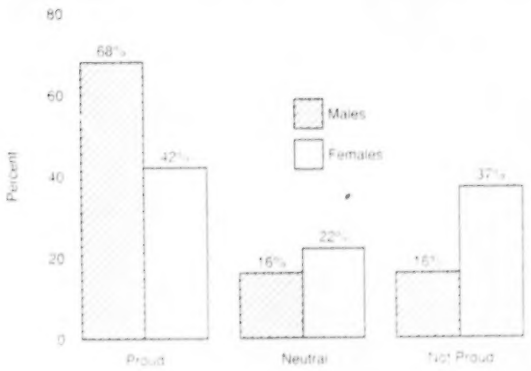
Table 11: Adolescent Antecedents for Adult Chronic Disease

Antecedents for Adult Chronic Disease	Percent Of: Males	Females	Total
Are somewhat overweight	28.3	15.3	20.7
Are obese	15.4	13.5	14.4
Eat red meat daily	41.6	33.1	37.3
Eat eggs daily	20.1	11.9	16.0
Eat fruit and vegetables less often than once a day	24.8	21.6	23.2
Eat "junk food" three or more times daily	45.3	35.7	40.4
Smoke cigarettes weekly	4.4	4.9	4.7
Smoke cigarettes daily	12.7	15.7	14.2
Use chewing tobacco weekly	3.9	1.5	2.7
Using chewing tobacco daily	8.8	4.1	6.4
Don't get adequate physical exercise	29.5	44.9	37.5
Have four or more of these health problem characteristics	16.6	12.5	14.5

Body Image

- Many adolescents, particularly girls, are uncomfortable with the changes their bodies undergo as they mature. A fifth of students were quite concerned about whether their bodies were developing normally.
- The cultural ideals of body size which have been internalized by these youths affect their attitudes about themselves:
  - —38.7% of females and 12.2% of males worry a great deal about being overweight.
  - —37.0% of females and 16.0% of males are not proud of their bodies (see Figure 9).
  - —32.9% of females and 14.5% of males are very dissatisfied with their weight.

Figure 9: Body Image



Disordered Eating Behaviors

- The female students surveyed diet frequently—40.1% do so between one and four times in the past year, with an additional 8.1% dieting five to 10 times. 3.7% dieted more than ten times over the past year; and 6.5% reported they were always dieting. Only 41.6% reported they had not gone on a weight loss diet in the past year. Three quarters of males had not dieted at all.
- 31.0% of the adolescent females surveyed report they had ever binged, compared to 16.5% of males.
- 15.7% of females report they have fears about not being able to stop eating, compared to only 6.0% of males.
- 14.0% of females and 9.6% of males report ever having induced vomiting. 4.7% of females reported vomiting two or more times a month, and 2.8% did so once a week or more often compared with less than one percent of males who did so weekly.
- Less than two percent of all youths report ever having used laxatives, diuretics, or ipecac.
- Diet pills are used by six percent of females on a monthly basis or more often, compared to less than one percent of males.
- Among females who have a distorted body image,* a fifth are chronic dieters (dieting 10 + times in a year), 41% report they binge-eat, and about 10% vomit relatively frequently. Use of diet pills is twice as common in this group as in the general female population (see Table 12).

*Distorted body image is defined as those who feel overweight but who are at a normal weight or are underweight for their height.

Table 12: Disordered Eating Behaviors and Attitudes

Destructive Behavior or Attitude	Percent of all Females (n = 2,748)	Percent of Grade 10-12 Females (n = 1,133)	Percent of Females with Distorted Body Images (n = 630)
Dieted at least 10 times in past year	10.3	12.5	19.9
Reported any binge-eating episodes	30.7	35.9	40.5
Fear not being able to stop eating	15.7	16.7	22.2
Purposeful vomiting at least two times per month	4.7	6.1	9.2
Use of laxatives	1.2	1.4	2.5
Use of ipecac	0.4	0.4	0.6
Use of diuretics	1.3	2.2	3.3
Use of diet pills at least monthly	5.5	6.9	11.0

VI

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VI. Emotional Health

Emotional health is integral to how well one carries out day-to-day activities and functions in social and family settings. Students participating in the survey were asked many questions about their recent emotional state and about the sort of things which worried them in their lives. They were asked specifically about physical and sexual abuse and about their experiences with such violence in their lives. A number of questions were asked about the youths experiences with, and thoughts about, suicide. While the picture painted of the emotional health of Alaskas youth in this section is not especially reassuring, it points out the need to address the more serious sources of the distress of teens, as well as the symptoms, and inappropriate ways in which some youths deal with their problems.

Worries and Concerns

- The major concerns of students in grades 7-9 reflect their worries about doing well in school, being accepted by friends, and the possibility of losing their parents.
- Nearly a third of grade 7–9 males also worry a great deal about getting AIDS (see Table 13).
- Students in grades 10–12 also worry about future employment. By the 12th grade, a third of males, and 45.6% of females are greatly concerned about their future job prospects.

Emotional Distress

- While most of the adolescents surveyed report high levels of emotional well-being, between a quarter and a third report that in the past month they found daily life boring, feel burnt out or exhausted, or emotionally insecure. Between a sixth and a fifth report feeling worried, upset, or sad (see Figure 10).
- About five percent of all teenagers feel so bothered by nervousness that they indicate that it interferes with their ability to work and cope with daily life (see Table 14).
- Over 12 percent of females and eight percent of males report they feel so weighed down by their problems they wonder if anything is worthwhile. A similar proportion report they are under almost more pressure, strain, or stress than they could stand—in other words, they feel they are near the breaking point.
- Eight percent of both gender groups are worried they were losing their minds, or losing control over themselves.
- These expressions are clearly extreme manifestations of stress and depression. While about eight out of ten students indicate that none of these statements characterize their mood in the past month, six and a half percent of all Alaskan youth indicate that two or more of these statements accurately reflect their current state of emotional health.
- A third of highly stressed teens reported their families do not understand them

Figure 10. Indicators of Poor Emotional Well-Being Over the Past Month.

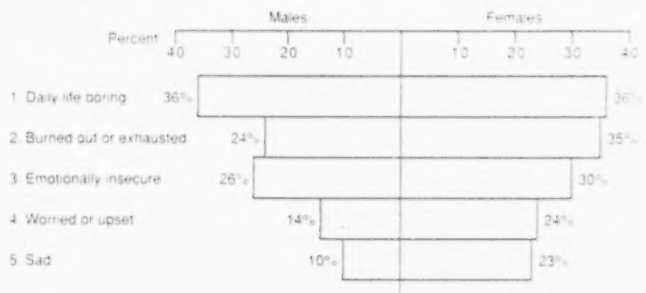


Table 13: Rank Order of Five Top Worries for Males and Females by Grade

	Males	Percent	Females	Percent
Grades 7-9	1. School performance	41.4	1. Personal appearance/looks	57.0
	2. Parent dying	39.8	2.School performance	51.4
	3. Losing best friend	33.2	3. Losing best friend	47.2
	4. Personal appearance/looks	32.7	4. Parent dying	43.7
	5. Getting AIDS	29.8	5. Popularity with peers	37.8
Grades 10-12	1. School performance	43.5	1. School performance	60.9
	2. Parent dying	36.9	2. Personal appearance/looks	50.3
	3. Losing best friend	33.9	3. Losing best friend	43.0
	4. Personal appearance/looks	30.5	4. Parent dying	42.7
	5. Future employment	30.3	5. Future employment	37.4

compared with only 8% of adolescents who report lower levels of emotional stress (see Table 15).

- A third of adolescents who are highly stressed have been sexually abused, and four out of ten have been physically abused.
- Stressed students are more likely to be sexually active, and to have experienced a pregnancy.
- Adolescents who are stressed are more likely to be doing poorly in school, and twice as likely as those experiencing less stress to be absent from school frequently (5 or more days in the last month).
- Over 40% of adolescents who are highly stressed live in alternate family structures

Table 14: Indicators of Very High Levels of Stress or Depression in Past Month

	Percent Of:		
Distress Indicator	Males (n = 2659)	Females (n = 2736)	Total (n = 5458)
Feel bothered by nervousness to the point they can't do their work or deal with things.	4.1	6.0	5.1
Feel so sad, discouraged, or hopeless or have so many problems they wonder if anything is worthwhile—so much so they have just about given up.	7.6	12.3	10.0
Feel like they are under almost more stress or pressure than they can stand.	7.5	12.0	9.8
Are very or quite worried that they might be losing their mind or losing control over the way they act, talk, think, or feel, or of losing their memory.	8.0	8.1	8.0
Percent who are "highly emotionally distressed"—they agreed with two or more of the statements listed above.	4.8	7.8	6.3

Table 15: Characteristics of Adolescents Who Have Been Highly Stressed[1] Emotionally in the Last Month

		Percent Of:	
Categories	Characteristic	All Adolescents (n = 5458)	High Stress (n = 341)
Family Relations	Lives in single parent or alternative family structures	35.1	45.8
	Biological parents divorced or separated	32.1	41.7
	Worries a great deal that parents will divorce	12.3	20.4
	Feels family does not understand them	9.7	33.8
Physical/Sexual Abuse	Reports having been sexually abused	14.6	32.3
	Reports having been physically abused	15.6	40.5
School Problems	Reports doing below average in school	8.2	13.1
	Frequently absent from school due to illness	8.3	16.6
Suicidal Tendencies	Has ever attempted suicide	18.2	54.9
	Reports they would like to commit suicide, or they would commit suicide if they had the chance	6.2	24.8
Sexual RiskTaking	Has ever had sexual intercourse	40.5	61.7
	Has ever been pregnant/caused a pregnancy	5.1	10.8

[1]See Table 14 for definition of "highly stressed."

(e.g., single parent families, foster families, families in which a divorce or separation has occurred). Another fifth have strong fears that their parents will divorce.

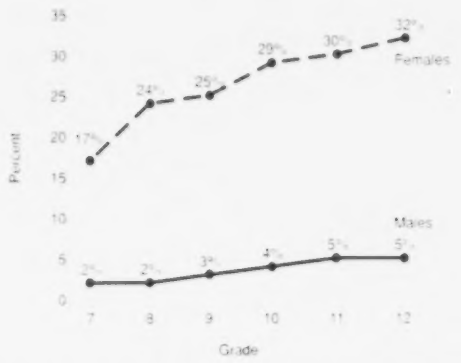
- Perhaps the most striking and most significant difference between adolescents who are emotionally stressed and those who are not is the grave risk for suicide these students have. Over half (54.9%) of emotionally distressed adolescents have attempted suicide, compared to 15.5% of all youths. Highly stressed youths are also much more likely to be seriously thinking about suicide.

Sexual* and Physical Abuse**

Students participating in the survey were asked whether they had ever been physically abused or sexually abused. It is important to note that due to the way the questions were asked, the perpetrator of the abuse was not necessarily a parent or family member. The figures presented below, consequently, do not represent the incidence of intrafamilial abuse but represent the youths perception of having been abused.

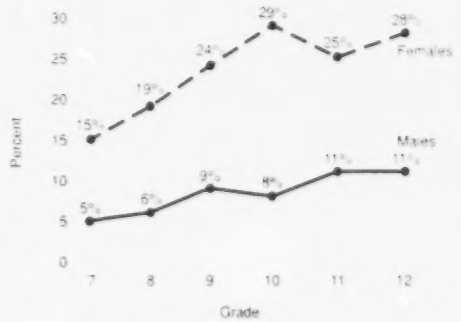
- Fifteen percent of all youths surveyed report they have been sexually abused.
- Sixteen percent of all youths surveyed report they have been physically abused.
- Twenty-two percent of the youths who responded to these questions report that they have been a victim of one or both types of abuse.
- One-in-four females report being sexually abused and nearly the same (23%) report physical abuse.
- Fewer males report abuse than females:
  —3% report sexual abuse
  —8% report physical abuse
- Almost a third of 12th grade girls report that they had been sexually abused (see Figures 11 and 12).
- Fourteen percent of Alaskan female adolescents have been subjected to both sexual and physical abuse. An additional twelve percent have been sexually abused and nine percent more have been physically abused. A total of 34% of female youths have been physically and/or sexually abused (see Table 16).
- Among males 1.7% have been both physically and sexually abused. Additionally 1.6% have been sexually abused and another 6.4% have been physically abused.

Figure 11: Percent Reporting Ever Having Been Sexually Abused* by Grade and Gender



*Sexual abuse was defined as "when someone in your family or someone else touches you in place you did not want to be touched or does something sexually which they shouldn't have done."

Figure 12: Percent Reporting Ever Having Been Physically Abused by Grade and Gender**



**Physical abuse was referred to as "ever having been physically abused or mistreated by anyone in your family or by anyone else."

Table 16: Types of Abuse Experienced by Males and Females

	Percent Of:	
Abuse History	Males	Females
No history of abuse	90.3	66.0
Has been sexually abused but not physically abused	1.6	11.7
Has been physically abused but not sexually abused	6.4	8.7
Has been both physically and sexually abused	1.7	13.6

Who Do Abused Youths Tell?

- Many adolescent abuse victims tell no one. Thirty-one percent of those who have been physically abused, and twenty-nine percent of those who have been sexually abused reported they have not discussed it with anyone.
- Males sustain abuse silently. Half of the males who have been sexually abused and forty-two percent of those who have been physically abused have not told anyone. This compares with two-thirds of female victims of either type of abuse who have discussed their experience with someone.
- Female physical abuse victims are more likely than males to have shared their problem with a close friend, but less likely to have told a family member. Females are also more likely to have discussed the abuse with someone from school, a social worker, a mental health counselor, or a health professional (see Table 17).
- Few male victims of sexual abuse discuss their problem with anyone. Of those who have, about 60% have told a family member, and half told a close friend. Males are more likely than females to have told a minister or priest (see Table 18).
- Eight out of ten female sexual abuse victims who have shared their problem have done so with a close friend, and seventy percent have told a family member.
- The unveiled magnitude of the abuse problem in Alaska, as in many other places, is vast. Many victims of abuse especially boys, tell no one. Those that do, turn to friends and family. Few victims tell helping professionals, who are more prepared to assist. Clearly, there is a need to help youth deal with abuse—both those who have been abused and those who are confidants.

Table 17: Percent of Physical Abuse Victims Who Have Ever Discussed the Abuse*

Abuse Confidant	Males (n = 90)	Females (n = 390)
Family member	67.0	60.4
Close friend	76.9	87.0
School counselor or teacher	22.0	30.5
School nurse/public health nurse	9.1	11.3
Physician	6.9	8.3
Social worker	25.6	32.3
CHR Village Health Aide	3.5	0.9
Minister or priest	9.1	6.6
Mental Health Counselor	16.3	17.9
Dorm Aide or Counselor	8.1	8.6

*Respondents could mark one or more than one choice

Table 18: Percent of Sexual Abuse Victims Who Have Ever Discussed the Abuse

Abuse Confidant	Males (n = 37)	Females (n = 380)
Family member	59.5	70.9
Close friend	51.4	84.7
School counselor or teacher	17.1	20.3
School nurse/public health nurse	5.9	8.3
Physician	14.7	10.9
Social worker	22.2	27.3
CHR Village Health Aide	2.9	1.6
Minister or priest	12.1	4.5
Mental Health Counselor	17.6	14.7
Dorm Aide or Counselor	3.0	5.5

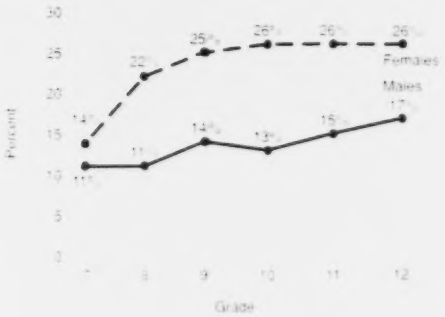
*Respondents could mark one or more than one choice

Suicide

We are discussing suicide from the perspective of the teenager. All such gestures would not be classified as a suicide attempt by professionals; however, what is of concern here is that, from the perception of the teenager, he or she took an action for the purpose of deliberate selfharm or destruction.

- Among Alaska's youth, one in six (18.2%) report they have ever attempted suicide. More females than males have made an attempt—22.7% vs. 13.2%.
- The biggest increases appear between the seventh and eighth grades for females. Among males, there is a fairly steady trend upward across the teen years (see Figure 13).
- Of those who have attempted suicide, 43.9% tried to kill themselves once, 29.7% attempted suicide twice, and over a quarter attempted suicide three or more times. Males are about as likely as females to be repeat attempters.
- Over half of those who have attempted suicide have had their most recent attempt within the previous year.
  - —A third (34.6%) of those who have a history of attempted suicide made an attempt within the previous six months.
  - —A quarter had attempted suicide between six months and a year ago, and 40% had made their most recent attempt over a year ago.
  - —There are no gender differences in the recency of the last suicide attempt.

Figure 13: Percent Who Have Ever Attempted Suicide by Grade and Gender



Who They Told About Their Suicide Attempt

- 60 percent of males, and seventy percent of females who have attempted suicide report they told at least one person about the most recent attempt.
- Adolescents who have attempted suicide are more likely to have told their friends than anyone else.
- Within the family, youths are most likely to tell their mothers about the suicide attempts—twelve percent of girls, and seven percent of boys told their moms. About four percent of each group told their fathers. Girls are slightly more likely than boys to have told other family members (see Table 19).
- Relatively few teens—12.6% of males and 13.4% of females—report they required medical attention after their most recent suicide attempt.
- Among boys who had attempted suicide three or more times, however, almost a fifth required medical attention, and fifty-five percent of this group also reported they told no one about the most recent incident.

Table 19: Who Students Not Receiving Medical Attention Told About Most Recent Suicide Attempt[1]

	Percent Of:	
Who Was Told	Males (n=270)	Females (n=498)
Told mother	6.7	12.4
Told father	4.4	4.2
Told other family member	3.7	6.0
Told best friend	31.9	48.8
Told boy or girlfriend	19.6	22.7
Told other friends	15.6	23.7
Told no one	41.1	29.3

[1]Respondents could mark one or more than one choice.

Family Suicide

- Eighteen percent of youths in Alaska say they know of a family member who has attempted or completed a suicide, nearly a third of which occurred in the past year.
- Suicides by family members are related to suicide attempts among youths from those families. Forty percent of youths who had a family member attempt suicide within the past year reported they themselves had made an attempt compared with 14% of youths with no suicidal family members.
- Among teens who report a family member had *not* attempted suicide, 85.7% had never attempted suicide (see Table 20).
- Among those who report a family member *had* attempted suicide in the last six months, nearly one in five had attempted suicide in the same period.

Table 20: Percent of Respondents Who Have Attempted Suicide, By Whether Any Family Members Have Ever Attempted Suicide

	Family Suicide History	
Youth Suicide Attempts	No Attempts	Attempts and/or Completions Ever
No Attempts	85.7%	64.4%
Ever Attempted Suicide	14.3%	35.6%
Column Totals	100.0%	100.0%

Suicides by Friends

- Forty-two percent of the youths report that at least one of their friends has attempted suicide, and about a quarter of these youths (or one in ten Alaskan teenagers) say they have a friend who died from suicide.
  - —Half of the females surveyed say friends have tried to kill themselves, and of these, a quarter say a friend succeeded.
  - —Among males, a third had friends who had tried to commit suicide, and a third of these males reported at least one completion among known attempters.
- A suicide attempt or completion by an adolescent's friend clearly places that teenager at much higher risk for suicide. Among those who report they have no friends who attempted suicide, 8% of males, and 12% of females say they themselves had attempted suicide, while if they had friends who attempted suicide 22% of males and 29% of females had attempted suicide (see Table 21).
- Females with suicidal friends are at particularly high risk for suicide: if they have friends who *died* from suicide, *half* had themselves attempted suicide.

Table 21: Percent of Respondents Who Have Attempted Suicide, By Whether They Have Friends Who Have Attempted Suicide

	Any Friend Ever Attempted Suicide	
Gender of Respondent	No Friend Ever Attempted Suicide	Yes, Friend(s) Attempted Suicide
Male	8%	22%
Female	12%	29%

Suicide Risk: Ideation vs. Attempts

While a suicide attempt is an extreme sign of distress, how seriously one contemplates suicide is another important warning of an attempt in the future.

- Three-quarters of all youths report they have not had any thoughts about killing themselves in the past month.
- A fifth say they had thought about killing themselves, but would not carry out these thoughts.
- 3.5% say they would like to kill themselves and 2.7% say they would kill themselves if they had the chance.
- Youth at highest risk for future suicide attempts are those who previously have attempted suicide. The more recent the attempt, the greater the risk.

Youths at High Risk for Suicide

For the purposes of better understanding who is at high risk for suicide further analysis was undertaken for those youths who:

—attempted suicide within the past year

—think seriously about killing themselves

—have made repeated attempts, even though the attempts were more than a year ago

- 86% of youths surveyed do not have any of these elements of suicide history or ideation. Seven percent have one out of these three characteristics, five percent have two of the three, and two percent (n = 117) have all three characteristics (see Table 22).

Table 22: Suicide Attempt History By Suicide Ideation

Suicide Attempt History By Suicide Ideation

Thoughts about suicide in past month	Attempt History: No history of attempts	Attempted suicide over a year ago	Attempted suicide 6 months to a year ago	Attempted suicide within last 6 months
No thoughts	81.0	62.6	40.7	22.2
Have thought about it, but would not do it	15.7	30.7	44.4	42.0
Would like to commit suicide	1.8	4.0	9.7	19.1
Would commit suicide if I had the chance	1.5	2.6	5.1	16.7
Column totals	100.0	100.0	100.0	100.0

Who Is At Risk For Suicide?

Part I: Associated Behaviors

Associated Behaviors	High Risk* Percent (n=805)	Low Risk Percent (n=4653)
Beer or wine weekly or daily	22	12
Heavy drinking*	41	32
Drunk at least weekly	30	20
Marijuana weekly or daily	15	6
Ever had sexual intercourse	62	37
Pregnancy caused pregnancy	14	3
Both sexually and physically abused	54	18
Self induced vomiting at least weekly	6	1

*An average of five or more drinks at a time

Part II: Support Systems

Support System Factors	High Risk Percent	Low Risk Percent
Feel family does not understand them	46	21
Single parent/alternative family structures	45	32
Friend attempted suicide	41	28
Believe adults don't care about them	27	9
Friend completed suicide	25	10
Family member attempted or completed suicide	37	14

* High Risk those who have attempted suicide in past year *or* think seriously about killing themselves *or* have made repeated attempts.

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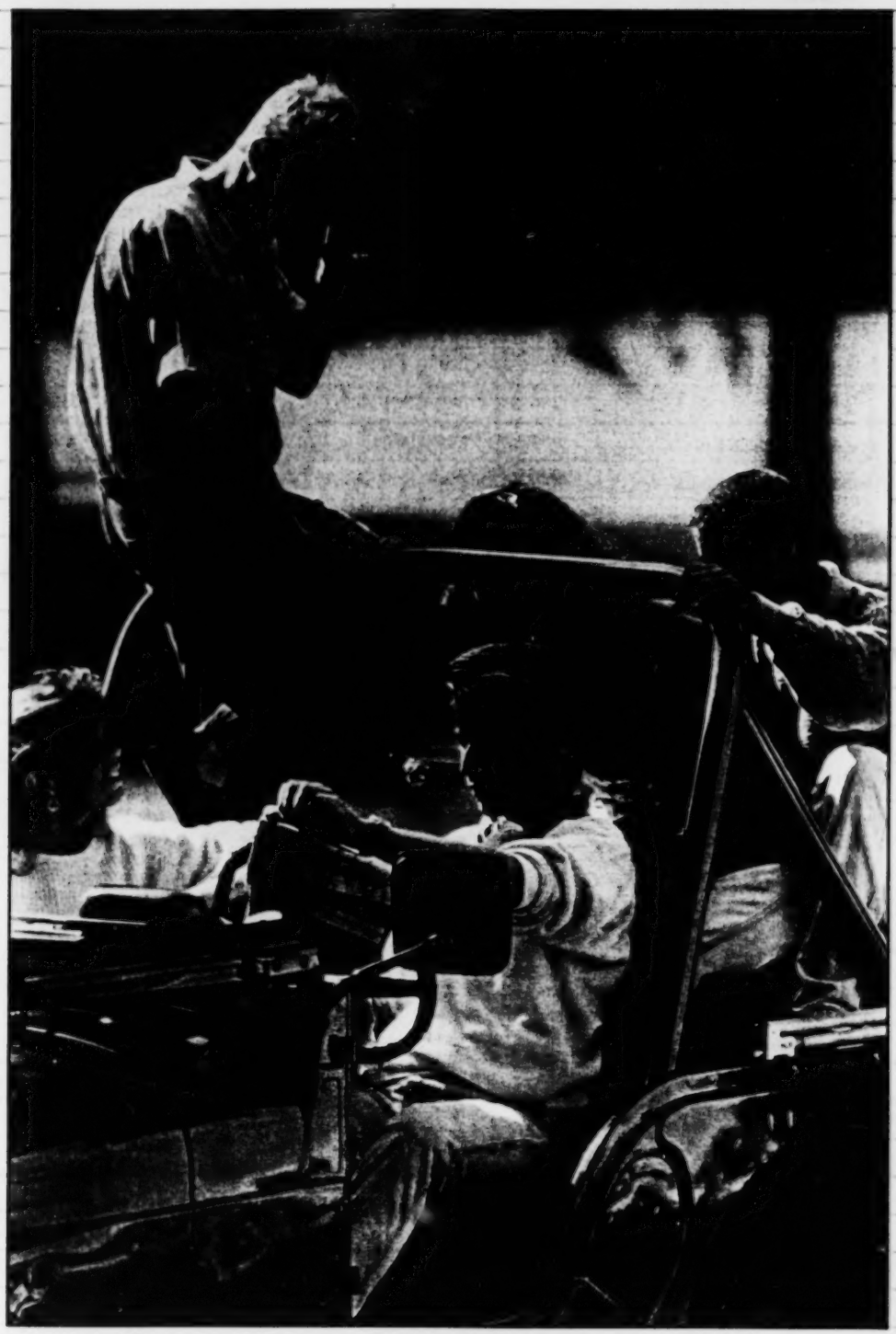
VIII



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VII. Vehicle Related Risks

Accidental deaths are the number one killer of adolescents and young adults in this country. The survey included a number of questions about behaviors which are indicative of higher levels of risk for accidental injuries or death including: drinking and driving, poor motor vehicle safety practices and involvement in anti-social behaviors.

Drivers at Risk

- Because the use of alcohol is associated with a majority of the vehicular deaths of teenagers, drinking and driving is among the most deadly of motor vehicle[1] risks.
- Males are more likely to drive under the influence. 45% of grade 10-12 males of driving age and a third of females report they have driven after drinking. Youths living in smaller communities are also more likely to drive under the influence than youths from larger communities and they are more likely to believe it is okay to drive inebriated (see Table 23).

Passengers at Risk

- Between a fifth and a quarter in grades 10-12 and 15% in grades 7-9 report they have ridden with an intoxicated driver often or sometimes (see Figure 14).

Parent Drinking

- Between 60 and 70 percent of students report they have never seen their parents drink and drive.
- Nearly three-quarters of students who say they have never seen their parents drink and drive reported they themselves would never drink and drive.
- Eight percent report that they have seen their parents drink three or more drinks prior to driving.
- Parental behaviors influence teen behavior: among students who have seen their parents drink three or more drinks before driving, nearly half of those of driving age report that they themselves have done the same. These students are also more likely than peers to report they believe it is acceptable to drive after three or more drinks.

Other Injury Risks

- Nearly two thirds of males from communities less than 2,500 and over half of their female counterparts ride motorcycles at least once a month. This compares with 49% of males and 30% of females from larger communities (2,500 + people) (see Table 23).
- Among all the youth surveyed, over half of the males and 38.2% of the females report they ride a motorcycle at least once a month. Of those, over a third of males and half of females report they wear a helmet rarely or never.
- Again, there is a large difference between those who live in smaller and larger communities in their safety habits while riding motorcycles. Over half of males and three-quarters of females who live in communities with a population under 2,500 do not wear helmets regularly—which is more than twice the percent of motorcyclists of comparable gender who live in larger communities.

Seatbelt Use and Other Safety Related Issues

- Approximately forty percent of males, and over a third of females report they use seatbelts rarely or never.
- Youths from smaller communities are much less likely to regularly use seatbelts than are youths who live in communities over 2,500. Over half of both males and females attending schools in communities under 2,500 do not usually use seatbelts. Females from communities over 2,500 appear to be the most safety conscious: three quarters report they use seatbelts all, most or at least some of the time. Two-thirds of males from larger communities also use seatbelts with some regularity.

Another dangerous practice which is common in Alaska involves riding in the back of open pickup trucks. However, only 5.8% of males and 2.9% of females report frequently riding in the back of a pickup.

- Riding in the back of a pickup truck is more common among non-urban males where 40% report doing so at least occasionally.

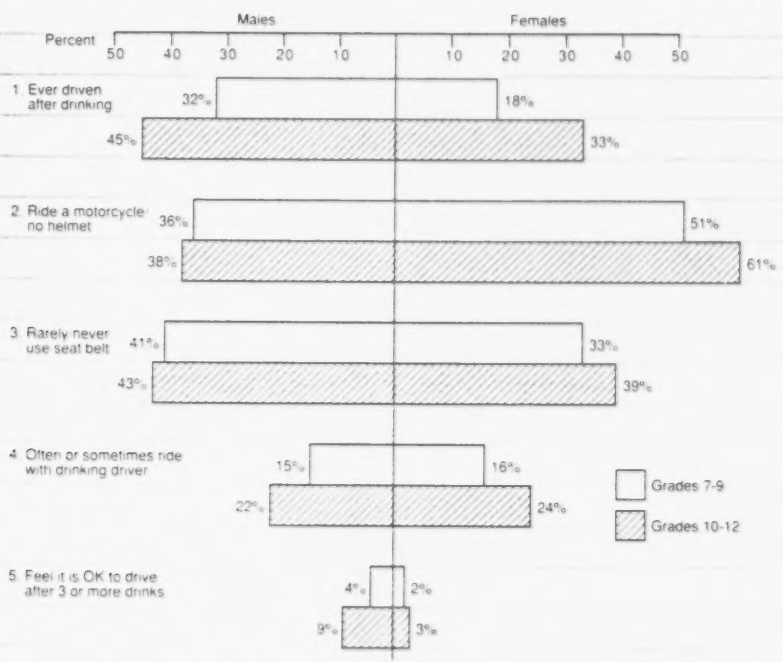
[1]Motor vehicles were defined as including cars, boats, snowmobiles, 3 or 4 wheelers, and motorcycles

Table 23: Percent Who Participate in Motor-Vehicle-Related Accident Risk Behaviors

		Males* (n = 2666)		Females* (n = 2748)	
		Community Size			
	Motor Vehicle-Related-Risk Factor:	<2500	2500 +	<2500	2500 +
	Have ever operated a motor vehicle while under the influence of				
Grades	alcohol or drugs	49.6	42.3	39.4	30.0
10-12	Often or sometimes ride with a drinking or drug using driver	21.6	22.1	22.8	25.5
	Believe it is okay to drive after drinking three or more drinks	9.8	7.9	4.2	2.2
	Ride a motorcycle more often than once a month	63.2	48.7	52.0	30.4
Grades	Wear a helmet rarely or never while on motorcycle				
7-12	(motorcyclists only)	55.4	22.1	75.1	35.3
	Wear seatbelts rarely or never	54.0	34.5	53.1	26.0
	Ride in the back of a pickup truck sometimes, most or all of the time	41.8	34.5	32.8	15.9
	High Risk—Percent who engage in or have four or more of the				
	motor vehicle risk factors listed above	20.5	10.3	15.7	4.8

*The sample size for any specific cell may be smaller due to missing data; or subgroup specification.

Figure 14: Injury Risk Behaviors



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Who is at Highest Risk for Motor Vehicle Accidents?

- Older adolescents, particularly males, are at higher risk of injury from motor vehicle accidents, as Figure 15 demonstrates. Factors other than age and gender also are associated with higher levels of motor vehicle injury risk:

1. Youth in Communities Under 2,500 persons

- Youths in communities with a population less than 2,500 are more likely to report driving under the influence of alcohol and are more tolerant of others doing so than peers from larger communities. These youths are also more likely to ride motorcycles, especially without a helmet, avoid wearing seatbelts, and ride in the open bed of trucks (see Table 23).

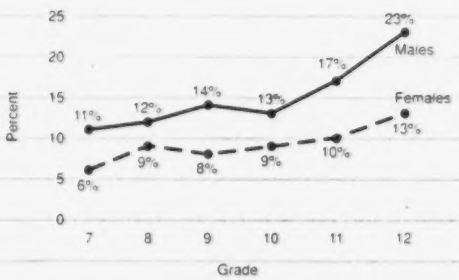
2. Youth Who Frequently Use Alcohol and Other Drugs

- Among those who are at high risk for motor vehicle accidents, 20% of males and 25% of females report they have already been in an accident or suffered an injury due to drinking or drug use.

3. Youth Who are Disconnected—Socially and Emotionally (including those youths who):

- live outside their biologic parents home (e.g., living with relatives or in foster homes)
- feel adults do not care about them
- have been abused
- do poorly in school
- are bored most of the time
- have previously attempted suicide

Figure 15: Youth At High Risk for Motor-Vehicle-Related Accidents, by Grade and Gender



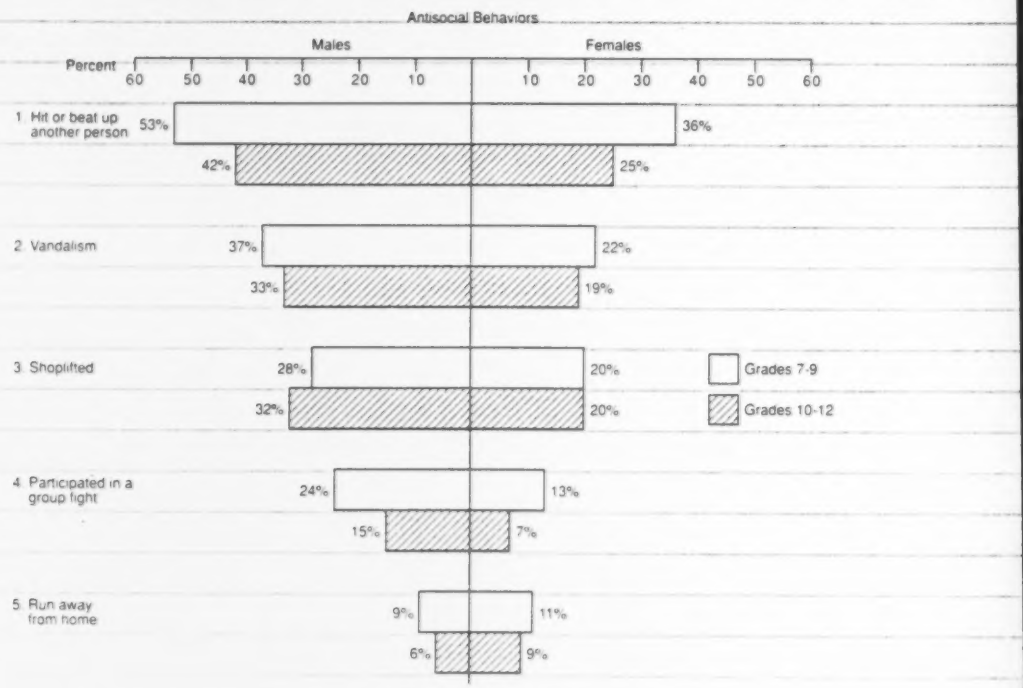
*High risk defined as engaging in 4 or more risky behaviors involving motor vehicles frequently

1. Driving while intoxicated
2. Riding with intoxicated drivers
3. Believing drunk driving is OK
4. Riding motorcycles monthly
5. Not wearing helmet
6. Riding in the back of pickups frequently
7. Not wearing seatbelts regularly

VIII. Anti-Social Activities

"Anti-social activity" is a term which includes socially unacceptable behaviors. Some are status offenses (running away, skipping school), while others represent delinquent offenses (assault, vandalism, shoplifting).

Figure 16: Anti-Social Activities in Past 12 Months (Percent Who Have Engaged in these Activities at least Once)



Violent Activities

- Violent behaviors are reported problems among many Alaskan youth (see Figure 16).

Fighting and Bullying

- Nearly four out of ten adolescents said they have hit or beaten someone up at least once in the past year. Nearly 7% have engaged in these activities at least six times over the past year.

Table 24: Violent Anti-Social Activities in Past 12 Months

	Percent Of: Males		Percent Of: Females	
Anti-social Activity	Grades 7–9 (n = 1317)	Grades 10-12 (n = 984)	Grades 7-9 (n = 1426)	Grades 10-12 (n = 1039)
Hit or beat up someone				
Once or twice	36.8	29.6	23.0	18.3
Three or more times	16.3	12.8	12.8	7.0
Been involved in a group fight				
Once or twice	16.1	11.2	10.1	6.0
Three or more times	7.5	4.1	3.4	1.4
Been knocked unconscious from accident, fight or other form of violence				
Once or twice	26.1	26.1	18.8	19.9
Three or more times	7.5	7.9	4.5	3.0

- Over half of males in grades 7-9 and a third of their female counterparts have been involved with interpersonal violence at least once in the past year (see Table 24).

Group Fighting

- About 15% have been involved in a *group fight* at least once in the past year; and less than 5% have done it three or more times.
- As with individual violence, group fighting is most common among younger males—almost a quarter of males in grades 7-9 have participated in a group fight at least once over the past year (compared with 15% of males in grades 10-12), and 8% have done so three or more times—twice the prevalence of their upper grade counterparts.
- Among females, 13% of females in grades 7-9 and 7% of females in grades 10-12 have been involved in group fighting.
- As a victim of violence, over a fifth said they have been knocked out once or twice, and 6% have been so injured three or more times.
- While males more frequently than females experience such violence (33% vs 25%), there are almost no grade differences.
- Just under 10% of Alaskan males report any personal level of affiliation with a gang.
- 2.7% say they spend a lot of time in gangs.

Other Anti-Social Activities

Vandalism

- Nearly 30% of youth report having participated in vandalism in the past year with 6.9% having vandalized three or more times.
- Vandalism is almost as common among males in grades 10-12 (33%) as among males in grades 7-9—(36% vandalized something at least once in the past year) (see Table 25).
- For females, nearly one in five report participating in vandalism with little change across the six school grades surveyed.

*Vandalism was defined in the survey as breaking windows or furniture, putting paint on walls or signs, scratching or denting a car.

Table 25: Delinquent or Status Offense Behaviors in Past 12 Months

	Percent Of: Males		Percent Of: Females	
	Grade 7–9	Grade 10–12	Grade 7–9	Grade 10–12
Delinquent or Status Offense Behavior and Frequency	(n = 1317)	(n = 984)	(n = 1426)	(n = 1039)
How often damaged, destroyed or vandalized property				
Once or twice	25.3	23.9	17.7	16.5
Three or more times	11.3	9.4	3.9	3.3
How often stolen from a store or shoplifted				
Once or twice	17.1	19.3	12.5	13.9
Three or more times	10.9	12.4	7.0	6.4
How often stolen from parents or other family members				
Once or twice	15.9	12.2	17.5	14.4
Three or more times	6.7	4.7	5.8	3.3
How often ran away from home				
Once or twice	5.8	4.7	8.1	7.4
Three or more times	3.5	1.7	2.9	1.9

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Shoplifting

- When asked how often they had taken something from a store without paying for it:
  - —Three-quarters of students said they had not done so at all within the past year.
  - —15.5% said they had shoplifted once or twice in the past year.
  - —9% said they had shoplifted three or more times.
- In contrast to many other anti-social behaviors, shoplifting appears to increase slightly from lower to upper grades.
- Males are nearly twice as likely as females to repeatedly shoplift (12% vs. 6%).

Stealing from Parents or Home

- 20% of youth say they have stolen from their parents in the last year; 5.3% have done it repeatedly.
- Stealing from home is slightly more common among females than males, and among younger than older students.

Running Away from Home

- While most youths never run away from home, nearly one in ten have done so in the past year.
- 2.5% say they have run away three or more times.
- More females appear to run away than males (11% vs 9% in grades 7-9; 9% vs 6% in grades 10-12).

Summary

- Youths who are involved in one form of anti-social behavior also are more likely to be involved in others. While many youths engage in modest risk-taking or anti-social behavior, there is a small group who engage in such behaviors frequently:
  - —14.0% had engaged in two or more of the violent anti-social activities listed in Table 24.
  - —7.6% had engaged in two or more of the other anti-social activities (delinquent or status offenses) noted in Table 25.

IX

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IX. Sexual Relationships

Students participating in the survey were asked several questions about their sexual behavior including: whether they had been sexually active, used birth control and experienced or caused a pregnancy. In addition, they were asked about their sexual orientation as well as a range of other attitudes about issues related to sex and intimate relationships.

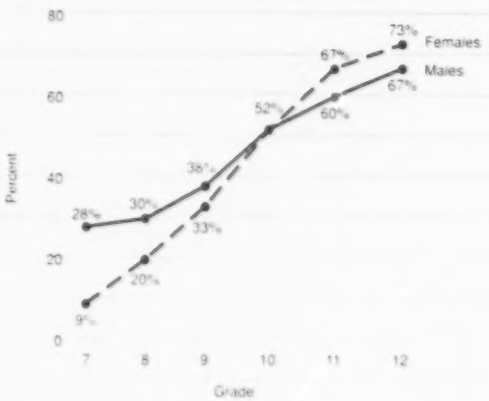
- 40.5% of all students surveyed report they have had sexual intercourse: 43.3% of males, and 38.0% of females.
- Until the 10th grade, more males than females are sexually active (see Figure 17).
- 52% of all students have had intercourse by the 10th grade.
- By the 12th grade, 73% of females, and 67% of males have had intercourse.
- The average age of first intercourse for females is 14.0 years and for males is 13.2 years.
- Although overall more males have had intercourse than females (43% vs. 38%), females who have had sex report doing so more frequently than males (see Figure 18).

Table 26: Reasons Teens Give for Not Having Sex*

Reasons Not To Have Sex	Percent Of: Males	Females
Want to wait until older	42.1%	55.5%
Want to wait until marriage	28.2	44.4
Don't want risk of pregnancy	26.2	53.8
Haven't met anyone I want to do it with yet	23.8	35.8
Haven't had the opportunity	20.9	12.1
No one has asked me to do it	19.9	15.8
Fear of disease	19.5	29.5
Parent's values are against it	17.4	33.2
Religious values are against it	14.5	20.7
Not ready emotionally	11.5	32.2

*Those who have not had sexual intercourse; respondents could choose one or more answers.

Figure 17: Percent of Teens Who Have Ever Had Sexual Intercourse, By Grade



- Students who had not had sexual intercourse were asked why they had chosen not to have sexual intercourse. The responses to this question are shown in Table 26.

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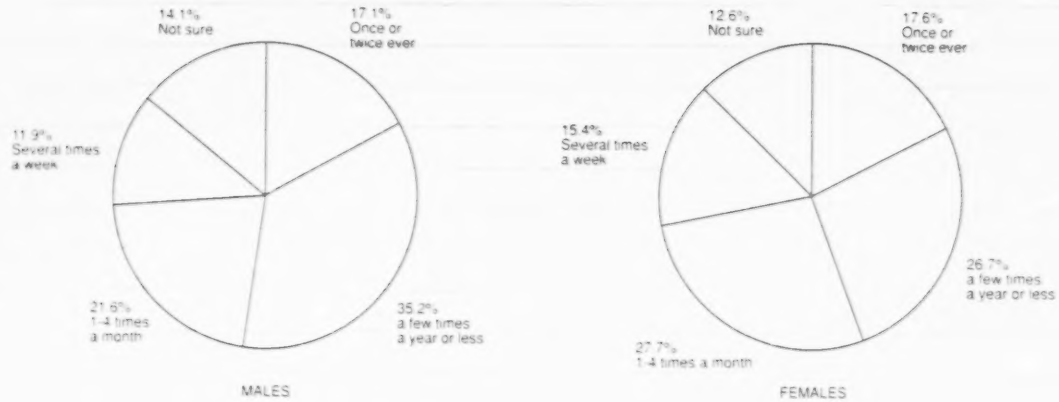
Figure 18: Frequency of Intercourse by Gender*



*Among those who have ever had intercourse

Contraception Usage

- Condoms are the most commonly used type of contraceptive. 58% of males, and 41% of females use condoms only.
- Among females, birth control pills are the second most popular form of contraception, used by 23%.
- Withdrawal appears to be the primary method of birth control practiced by over a tenth of both males and females.
- Almost a fifth—17% of males and 20% of females—report *they use no birth control* (see Figure 19).
- About half of both males and females who are sexually active always use birth control.
- Nearly a third of sexually active teens rarely or never use contraception.
- Those who do not regularly use birth control were asked why, and these responses are shown in Table 27.

Figure 19: Primary Types of Contraception Used

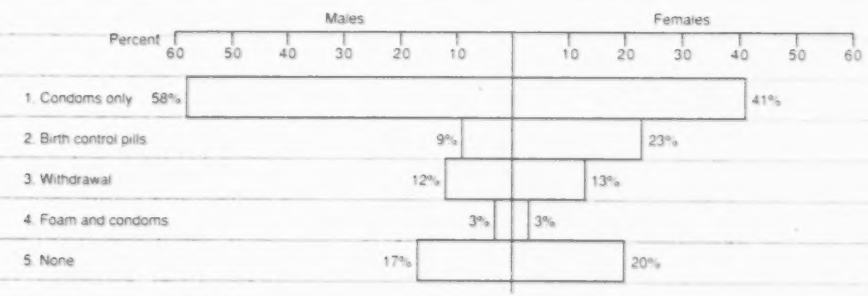


Table 27: Reasons for Not Using Contraception among those who are Sexually Active

	Percent Of:	
Reasons Not To Contracept	Males (n = 344)	Females (n = 346)
Having sex was unexpected, no time to prepare	32.0	35.3
Just didn't think of it	31.1	22.3
Partner doesn't want to use birth control	8.1	4.9
Embarrassed to try to get birth control	3.8	8.4
It is my partner's problem, not mine	7.8	4.9
Didn't think I/she would get pregnant	5.5	6.1
Worry about side effects of birth control	1.5	4.6

Sources of Birth Control & Information

- When asked where they would feel most comfortable getting help with birth control, most males say a drug store (38.4%), while most females say a clinic in their community (50.1%).
- When asked where they would go first for help if they had a problem with birth control or needed information on birth control: three out of ten females say they would go to a doctor, a clinic, or a health aide (see Table 28). A quarter say they would go to their parent or guardian or other family member for this information. Fifteen percent of females say they would go to friends their age. Nine percent said they would not go to anyone for information or help with contraceptives. About nine percent say they would go to their school nurse for this information, eight percent say they would go to an adult friend, and few would go to a school staff person.

Among males, the most popular response to where would you go for help for birth control is to no one—27.6% said this. A fifth of males say they would go to a doctor, clinic or health aide for help first. A fifth also say they would go to their parent; and fifteen percent say they would go to a friend their age.

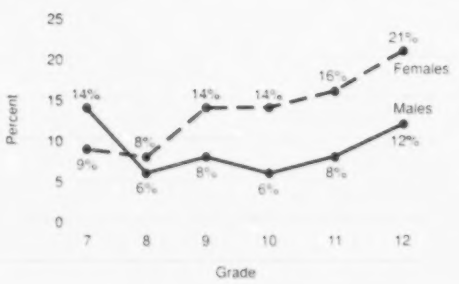
Table 28: Source of Help Sought First for Birth Control

Sources of Help	Percent Of: Males (n=2193)	Females (n=2545)
Doctor, clinic, health aide	21	30
Parent/guardian	21	26
Friends	15	15
School Nurse	5	9
Adult friend	6	8
Teacher/School counselor	3	2
No one	28	9

Pregnancy

- Five percent or 235 youths of the entire teen sample report that they have ever been pregnant, or caused a pregnancy that they know about.
- Overall, 15 percent of sexually active females have been pregnant at least once.
- Nine percent of sexually active males are aware that they have ever caused a pregnancy.
- For sexually active females, the percent who have ever been pregnant begins to rise from grades 9 through grade 12. About 8% of eighth graders report ever having been pregnant, rising to 14% of sexually active 9th graders, 16% of 11th graders, and 21% of 12th graders (see Figure 20).
- Among sexually active males, the increase in awareness of causing a pregnancy seems to occur between tenth and twelfth grades. Less than six percent of tenth graders report having ever caused a pregnancy. Among eleventh graders, it is over eight percent, and by twelfth grade, about 12 percent of sexually active males report they have ever caused a pregnancy.

Figure 20: Percent of Sexually Active Females Who Have Ever Been Pregnant and Males Who Have Ever Caused a Pregnancy



Worries About Pregnancy

- Becoming pregnant is a major fear of sexually active adolescents.
- Among sexually active males, a quarter (24.3%) report they are very worried about getting someone pregnant. Among males who already have gotten someone pregnant a third (34.1%) are very worried.
- Among sexually active females, over a third (37.7%) worry a great deal about getting pregnant. For those who have already been pregnant, 44.4% worry a great deal.
- Those who have already been pregnant appear to have an especially good reason to worry, too. These youths who had caused or experienced a pregnancy were having sex much more frequently than those who had not. Two thirds of these males reported they had sex at least monthly, and one third said they had sex several times a week. Among comparable females, over half of those who had been pregnant report they were having sex at least once a month, and a fifth were having sex several times a week.
- Nor is this group using birth control regularly. Nearly half (44%) of males who report they know they had previously caused a pregnancy report they currently use birth control rarely or never—compared to 30 percent of males who have never caused a pregnancy. Among females, 30 percent of those who had been pregnant report they rarely, or never, used birth control—the same percent of those who had never been pregnant.

Where to Go for Help When Pregnant

- Among sexually active youths asked where they would go first for help with a pregnancy:
  - —47.8% said friends their own age
  - —19.6% said their parents
  - —12.0% said to an adult friend
  - —9.3% said to a doctor, clinic, school nurse or other health professional

Attitudes and Fears About Sexually Transmitted Diseases

- Among sexually active adolescents, 5.3% report they have had or have a sexually transmitted disease (STD) such as gonorrhea, herpes, or chlamydia.
- For females, 6.8% report they have, or have had a STD compared to 3.8% of males.
- Among sexually active youths, 35.6% of males, and 32.6% of females report they worry quite a bit, or very much, about getting AIDS. Even among youths who were not sexually active, 25% of males and 20% of females reported being concerned.
- 43% of sexually active youths are quite concerned about getting AIDS or other STDs.
- Concern about AIDS does not automatically translate into condom use:

AIDS Concern	Condom Use
High	65%
Low	57%

- When asked to whom they would first go for help for sexually transmitted diseases, over a third of both males and females report they would go to a doctor, clinic or health aide. About a quarter say they would go to their parents first. Eleven percent of females, and six percent of males say they would go ask friends their age for help first. Males were twice as likely as females to report they would not go to anyone for help if they had a STD—14% of males, compared to 7% of females.

Sexual Orientation

- 86% of Alaskan youths surveyed describe their sexual orientation—how they label themselves—as exclusively heterosexual.
- Less than one percent reported that they were bisexual or homosexual in orientation.
- When asked a different way, four percent of males and nearly seven percent of females report they are strongly attracted to persons of the same sex, and intend to have most of their sexual experiences with persons of the same sex.
- Approximately ten percent of both males and females report that they are not sure about their sexual orientation.

X

X. Substance Use and Abuse

Students participating in the survey were asked about their frequency and patterns of use of a number of substances from tobacco to crack.

Table 29: Percent Who Have Ever Tried the Following Substances

	Grades 7-9		Grades 10-12	
Substance	Males	Females	Males	Females
Beer/Wine	46.1	45.6	69.6	70.1
Cigarettes	34.4	38.8	39.2	50.2
Hard Liquor	32.9	32.3	58.4	61.2
Chewing Tobacco/Snuff	26.9	9.9	37.5	13.6
Marijuana	22.2	20.5	45.9	45.8
Inhalants (glue/gas/paint)	7.7	7.0	6.0	3.6
Speed/Amphetamines	7.6	7.6	12.2	15.4
Cocaine (coke/toot/snow)	3.9	3.2	9.2	10.3
Sedatives/Downers	3.7	5.2	4.6	6.0
Codeine/Morphine/Other Opiates	3.5	3.7	8.2	8.5
Acid/LSD/Psychedlics	3.1	3.1	6.8	6.0
Diet Pills to Lose Weight	3.0	12.6	3.2	19.3
Look-a-Like Drugs	2.6	2.6	2.0	2.9
PCP/Angel Dust	1.7	1.4	1.8	1.7
Crack/Rock Cocaine	1.3	1.5	2.4	3.2
Heroin	0.9	0.5	0.7	0.5
Peyote	0.9	0.5	1.6	0.6

Cigarette Smoking

Ever Tried

- In grades 7–9, 34.4% of males and 38.8% of females have ever smoked cigarettes.
- In grades 10–12, 39.2% of males, and 50.2% of females have ever smoked cigarettes (see Table 29).

Daily Use

- As one would expect, daily use of cigarettes rises by grade (see Figure 21).
- For almost every grade level, more girls smoke cigarettes on a daily basis than boys.

Figure 21: Percent Who Smoke Cigarettes Daily

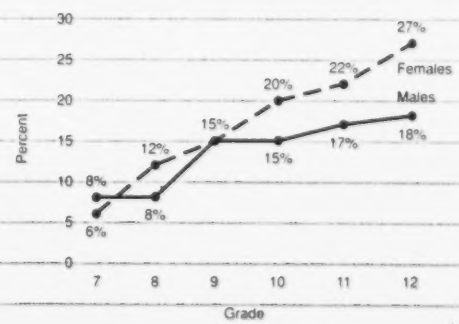
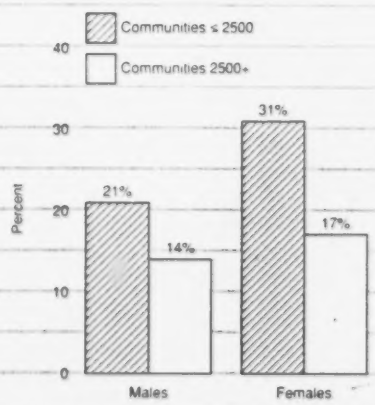


Figure 22: Percent of Students Grades 10-12 Who Use Cigarettes Daily by Community Size



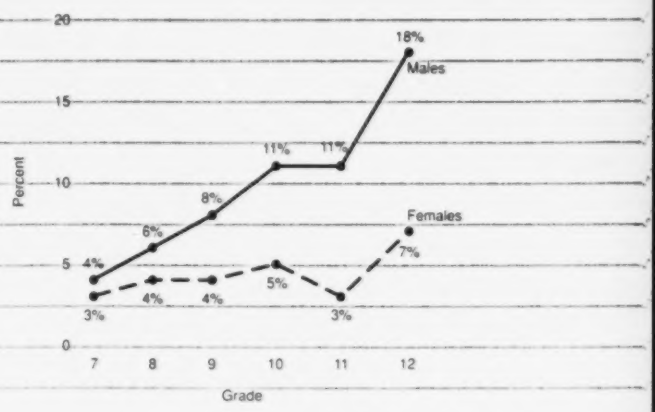
Geographic Differences

- While few differences exist in grades 7–9, when comparing communities under 2,500 people with larger settings, there are marked differences in daily use at grades 10-12, especially for girls (31.2% vs. 17.1%) (see Figure 22).

Chewing Tobacco

- While females consistently smoke tobacco on a daily basis more than males, males use smokeless tobacco much more frequently than females (see Figure 23).
- There are large differences among teens in their use of chewing tobacco, depending on community size. Among all males from communities under 2,500, 16% chew tobacco daily, triple that of males from larger communities. These differences are even larger for females—12% compared to less than 1% of female teenagers from communities over 2,500 people.

Figure 23: Percent Who Use Smokeless Tobacco on a Daily Basis



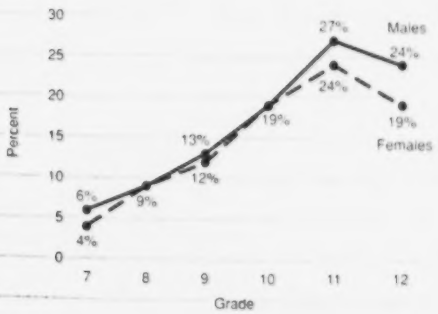
Alcohol Use

- Nearly half (46%) of males and females in grades 7-9 report ever having used beer or wine, and a third (33%) have used hard liquor (see Table 29).
- Among students in grades 10-12, over two-thirds (70%) report ever having drunk beer or wine, and about 60% of both males and females report having ever drunk hard liquor.
- Frequent alcohol use appears to be at its highest level among 11th graders—about a quarter of males and females drink on a weekly or a daily basis (see Figure 24).
- Frequent alcohol use is more common among Alaskan youth attending schools in communities with a population over 2,500.

—Among students in grades 7-9, nearly 11% of teens in communities over 2,500 compared to 5% of youths from smaller communities drink daily or weekly.

—Among students in grades 10-12, there is also a wide gap in frequent drinking: approximately a quarter of teens from communities over 2,500 drink alcohol weekly or daily, compared with almost 16% of youths in grades 10-12 who live in smaller communities.

Figure 24: Percent Who Use Alcohol at Least Weekly*



*Weekly and daily were grouped to represent regular use

Potential Problem Drinkers

Drinking is of course illegal and therefore problematic for all adolescents. By focusing on those who drink heavily, however, we can identify those youths who are at risk for developing drinking problems and are at special risk for motor vehicle accidents.

- Out of all youths surveyed, "potential problem drinkers" constitute 17%. These include those who drink an average of five or more alcoholic beverages at a sitting when they drink, and/or those who drink weekly or daily, and report they regularly consume three or more drinks at a sitting.

- Youth who we are labeling "potential problem drinkers" are likely to have problems due to their drinking habits (see Table 31):
  - —37% report they have had problems with their families related to their alcohol use and a third have had school problems.
  - —About 30% have had break-ups or other problems with their significant other relationships, and a fifth also cite having lost friends due to drinking.
  - —A quarter have had accidents or other injuries, and nearly as many report having had legal problems.
  - —Many also report having had serious physical or emotional reactions from drinking (16%), and over a quarter report they have become violent from drinking (26.9%).

Table 30: Problem Drinking Behaviors

Problem Drinking Behaviors	Percent Of: Non-Problem Drinkers (n = 1424)	Potential Problem Drinkers* (n = 938)
Ever Drink Before School	5.1	17.5
Ever Drink During School	3.8	14.6
Ever Drink After School	16.3	36.7
Ever Drink and Drive	23.6	49.8
Often/Sometimes Ride with Drinking/Drug Using Driver	22.2	47.2

Table 31: Correlates of Adolescent Drinking Behaviors

Have Ever Experienced Problems Due to Alcohol or Drug Use	Percent Of: Non-Problem Drinkers (n = 1424)	Potential Problem Drinkers* (n = 938)
Accident or Injury	13.9	23.9
Physical or Emotional Reaction	12.0	16.4
School Problems	17.4	33.3
Family Problems	24.3	37.4
Loss of Friends	15.6	21.1
Loss of Work	2.3	4.0
Legal Problems	10.2	24.2
Became Violent	14.6	26.9
Relationship Problems	18.7	29.6
Been in Alcohol or Drug Treatment	4.2	9.5

*Defined as those who drink an average of five or more alcoholic beverages at a sitting when they drink and/or those who drink weekly or more often and consume more than three or more drinks.

Who Are these Potential Problem Drinkers?

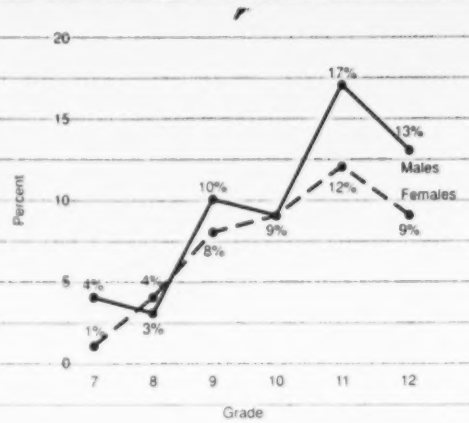
Demographic Characteristics and Family Background

- 19% of males are potential problem drinkers compared to 15% of females.
- 5% of youths in 7th grade are potential problem drinkers, rising to 31% in the 11th grade.
- 19% of teens from communities over 2,500 and 14% of youths from smaller communities are potential problem drinkers.
- 15% of youths from two parent families are problem drinkers, while 22% of youths from single parent families or other alternative family types are potential problem drinkers.
- Of those who believed their parents did not care about them, 25% were potential problem drinkers, compared to 16% of those who said their parents cared a great deal.
- Youths who drink heavily tend to have parents who drink frequently:
  - —Of those whose parents never drink, 75% do not drink themselves, and only 10% have behaviors associated with potential problem drinking.
  - —Of those whose parents drink on a daily basis, 35% say they do not drink while 29% are potential problem drinkers.
  - —15% of youths who are potential problem drinkers report their parents drink and drive after three or more drinks compared with only 5% of the youths who are nondrinkers.
- Over 15% of problem drinkers are using alcohol before or during school, while a third claim to drink after school hours (see Table 30).
- About half of potential problem drinkers ever drive after drinking; and about half frequently ride with a drinking driver.

Other Characteristics and Related Problems

- Nearly three out of ten of those who do poorly in school are potential problem drinkers. About a tenth of those who do above average are potential problem drinkers.
- Those who have been abused are more likely to be potential problem drinkers (25%) compared to those who have not been abused (16%).
- 30% of potential problem drinkers have attempted suicide, compared to 13% of non-drinkers, and 22% of light drinkers.
- Compared with peers, potential problem drinkers are also engaged in more anti-social behavior, including vandalism, group fighting, and running away from home.

Figure 25: Percent Who Use Marijuana at Least Weekly*



*Weekly and daily use were combined to represent regular use.

Marijuana

Students were asked about their use of marijuana:

- 22.2% of males and 20.5% of females in grades 7-9 had ever used marijuana.
- 45.9% of males and 45.8% of females in grades 10-12 had ever used marijuana (see Figure 25).
- While not dramatically so, marijuana, like tobacco, is somewhat more popular among youths from communities under 2,500 than youths from larger communities, with the greatest difference among 10-12th grade males who use marijuana weekly or daily (17% vs. 10%).
- A third of those who have ever used marijuana (34.8%) report they have used it in the past week—15% within the past day. A fifth of users have smoked marijuana in the past month (20.8%), and the remainder have smoked marijuana over a month ago (see Figure 27).
- A quarter of those who have used marijuana within the past year also report they have used it before or during school.
- More adolescents who report their parents use marijuana frequently use marijuana themselves (22.6%) compared with five percent of youths whose parents do not use marijuana.

Inhalants

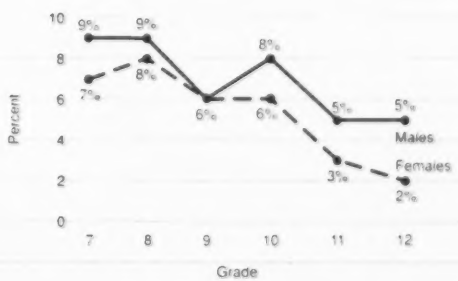
Inhalants are a substance of abuse among younger children:

—7.7% of males and 7.0% of females in grades 7-9 have ever used inhalants.

—6.0% of males and 3.6% of females in grades 10-12 have ever used inhalants (see Figure 26).

- Less than 2% of all students use inhalants on a monthly or more frequent basis.
- While most youth who have ever tried inhalants have used them only once, or a long time ago, about fifteen percent of those who have ever tried them, report using within the past week (see Figure 27).
- About 16% of those who had used inhalants within the past year also reported they had used them before school, and half have used them during school.

Figure 26: Percent Who Have Ever Used Inhalants



Other Drugs of Abuse

Speed* has been tried by 12.2% of 10-12th grade males, and 15.4% of females; yet few appear to use it with any frequency—2% of males, and 3% of females use it monthly or more often (see Table 32).

Cocaine has been tried by 9.2% of 10-12th grade males and 10.3% of females. Again, less than 2% of both gender groups use it monthly or more often.

Diet pills have been used by far more 10-12th grade females than males (19.3% vs. 3.2%). Nearly 7% of females report using diet pills monthly or more often, compared to less than one percent of males.

*Often teenagers report using speed when, in fact, they are using "look alike" drugs, drugs which appear to be amphetamines but are stimulants such as caffeine.

Table 32: Frequency of Use of Less Common Chemicals By 10-12th Grade Students, by Gender

	Percent Of: Males				Percent Of: Females			
Substance	Never Used	Used Infrequently*	Used Monthly	Used Weekly/ Daily	Never Used	Used Infrequently*	Used Monthly	Used Weekly/ Daily
Speed/ Amphetamines	87.8	10.2	1.3	0.7	84.6	12.4	1.9	1.2
Cocaine	90.8	8.1	0.6	0.5	89.7	7.9	1.6	0.8
Sedatives/Downers	95.4	3.9	0.4	0.4	94.0	4.9	0.6	0.5
Acid/Psychodelics	93.2	6.4	0.3	0.1	94.0	5.6	0.4	0.1
Codeine/Morphine	91.8	7.4	0.5	0.3	91.5	7.5	0.8	0.3
Diet Pills	96.8	2.6	0.2	0.4	80.7	12.5	2.5	4.3
PCP/Angel dust	98.2	1.5	0.3	0.1	98.3	1.6	0.1	0.0

*Less than once per month

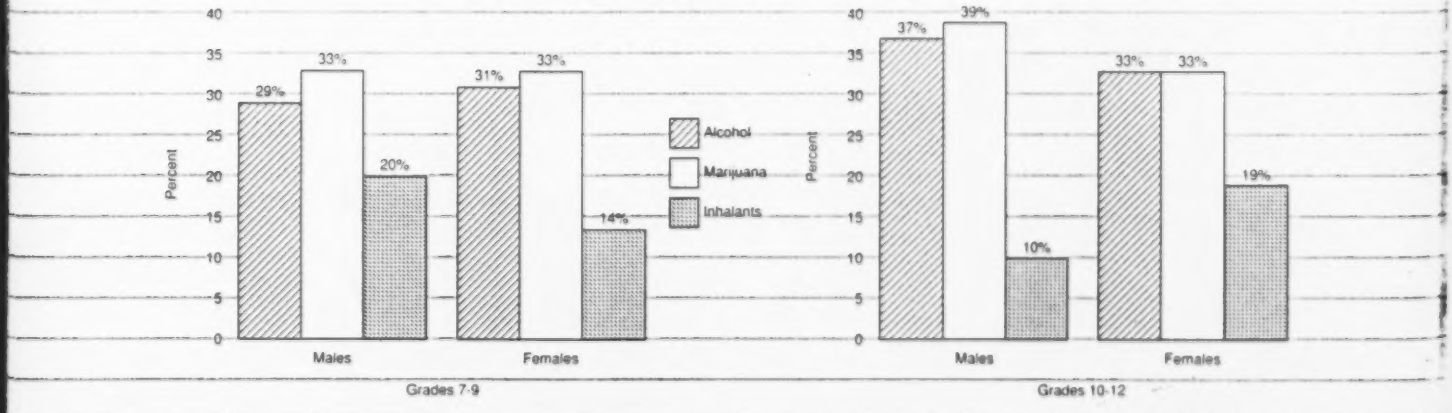
Poly Drug Use

- 69.3% report they do not use any drugs (excluding tobacco products) or alcohol on a regular basis[1].
- 18.9% of the students use one of these chemicals monthly or more often (usually alcohol).
- 7.8% use two drugs monthly or more often.
- 2.1% use three drugs monthly or more often.
- 1.8% use four or more drugs monthly or more often.
- 3.9% meet the classical definition of a poly drug user.

They use three or more chemicals on a monthly or more frequent basis. Typically, in order of frequency of use, these chemicals include marijuana, alcohol, amphetamines, diet pills, cocaine, or downers.

[1]An indicator of poly drug use was developed to determine how many students are using multiple chemicals regularly and frequently—monthly or more often. The chemicals included were alcohol, marijuana, PCP, LSD, inhalants, amphetamines, sedatives, cocaine/crack, heroin, codeine-derivates, look-alike drugs, peyote, or diet pills. Tobacco products are excluded from this indicator.

Figure 27: Percent of Users* Who Were High or Drunk within the Past Week



*Those who have ever used the substance

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XI

XI. Conclusion: Eight Challenges for Alaska

The findings of the Alaskan Adolescent Health Survey suggest that Alaskan communities, at least Alaskan communities outside the major metropolitan areas, face several important challenges if they are to help their youths grow up to reach their full potential. An open dialogue on what these findings mean should take place at every level: at home, in school, within the religious community and the health services community, and at all levels of government. Such dialogue is urgently needed if these data are to translate into a meaningful action plan.

CHALLENGE #1: To promote a school environment which is able to offer opportunities for all the youth of Alaska.

While optimism is one of the hallmarks of adolescence, there are a number of warning signs that significant numbers of our youths do not view the future with hope and do not see education as a pathway to success.

For nearly one-third (32.1%), school is a source of frustration; they dislike it, they do poorly at it, or they cut it regularly. We know that every negative social and health risk factor from pregnancy risk to suicide risk to drug use is correlated with poor school performance.

Conversely, when we compare Alaskan youths attitudes toward school and school performance with national data, what we find is shown in Table 33.

In addition to alienation from school, significant numbers report the school environment to be a site of substance abuse and violence. When we compare Alaskan youths with teenagers in Minnesota who were asked the same questions, we find overall drug use significantly higher in Alaskan schools but few other substantive differences are evident (see Table 34).

Despite these issues of environment, school performance persists as the primary worry of all Alaskan youths independent of their age. Schools need the strength and capacity to create an environment of opportunity for all children.

*The following "challenges" represent conclusions of the principal author of the study and his staff. They are meant to suggest broad areas of concern based on comparisons with youth in Minnesota and the nation as a whole.

Table 34: Perceived School Environment

Behavior reported to occur on or off	Alaska		Minnesota[1]	
school grounds quite a bit or very much	M	F	M	F
Drugs	33%	42%	9%	26%
Drinking	52%	58%	37%	67%
Fighting	24%	24%	31%	14%
Stealing	23%	22%	20%	21%
Vandalism	19%	19%	15%	17%

[1]The State of Adolescent Health in Minnesota, University of Minnesota Adolescent Health Program, 1989.

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Table 33: School Performance and Attitude Toward School

	ALASKA			MONITORING THE FUTURE[2]		
School Performance and Attitude Toward School	Total	M	F	Total	M	F
How well do you do in school (much above or above average)	44%	42%	45%	55%	57%	55%
How do you like school (very much or quite a bit)	41%	36%	46%	40%	39%	41%

[1]"How well:" In the AAHS, the question is "compared with friends your age, how well do you do in school," and the reply format ranges on a five-point scale of much above average, above average, average, below, and much below average. In Monitoring the Future, the question is, "compared with others your age throughout the country, how do you rate yourself on school ability" and the rating is on a seven-point scale (far above, above, slightly above, etc.). "Grades:" The MAHS questions ask about "your grades right now," the Monitoring the Future question asks about "your grade average so far in high school."

[2]Bachman, J. G., Johnston, L. D., O'Malley, P. M. (1987). Monitoring the future: Questionnaire responses from the nation's high school seniors, Ann Arbor, Survey Research Center, Institute for Social Research, University of Michigan.

CHALLENGE #2: To foster an environment within every community which all youths experience as nurturing. Adolescence is traditionally viewed as a carefree life stage before the onset of adult worries and concerns. Certainly, many of the youths of Alaska fit that stereotype but many others reflect significant emotional distress. Nearly 8% of males and over 12% of females report feeling so sad or discouraged that they would like to give up; and equal percentages report being under more stress than they can stand.

One in six Alaskan teenagers report having attempted suicide of whom half have tried to kill themselves more than once. Table 35 compares suicide attempts of Alaskan teenagers with their rural Minnesota peers.

Youths who have attempted suicide form a significantly higher proportion among Alaskan youth than among their Minnesota counterparts at every grade level and for both genders. We are not talking about the normal stresses of the teenage years when we talk about suicide attempts; we are talking about social and emotional despair. Of those who are the most stressed, nearly half (44%) felt cut off from anyone who could help them. While four out of 10 emotionally distressed teens said they would like help for their problems, only 15% have sought help. Clearly, isolation is a handmaiden of despair.

Table 35: Comparison of Suicide Attempts by Grade (Alaska and Rural Minnesota Youth)

	Alaska		Minnesota	
Grade	Male	Female	Male	Female
7	11%	14%	5%	8%
8	11%	22%	5%	12%
9	14%	25%	6%	15%
10	13%	26%	8%	14%
11	15%	26%	6%	14%
12	17%	26%	6%	15%

[1]The State of Adolescent Health in Minnesota, University of Minnesota Adolescent Health Program, 1989.

CHALLENGE #3: To encourage the development of community and home environments free of physical or psychological threats to the adolescent. For teenagers to develop normally, they need a secure environment where adult behavior is predictable; however, many teenagers in Alaska tell us that home is threatening. One in five males and one in four females want to leave home quite a bit or very much. Twelve percent of Alaskan teenagers report their parents drink daily, 11% worry about their parents drinking, and an additional 5% worry about parental drug use. These family concerns are only part of the problem. Most distressing are the very high rates of physical and sexual abuse reported by teenagers in Alaska.

Table 36: Comparison of Physical and Sexual Abuse by Grade and Gender for Alaskan and Minnesota Youths

	Physical Abuse				Sexual Abuse			
Grade	Alaska		Minnesota		Alaska		Minnesota	
	Male	Female	Male	Female	Male	Female	Male	Female
7	5%	15%	3%	8%	2%	17%	1%	8%
8	6%	19%	4%	10%	2%	24%	2%	10%
9	9%	24%	3%	11%	3%	25%	2%	13%
10	8%	29%	4%	13%	4%	29%	2%	16%
11	11%	25%	6%	15%	5%	30%	2%	17%
12	11%	28%	5%	20%	5%	32%	2%	19%

[1]The State of Adolescent Health in Minnesota, University of Minnesota Adolescent Health Program, 1989.

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In Alaska, twice as many girls (one-in-four) have been sexually abused compared with Minnesota females. Similarly, the prevalence of physical abuse of girls in Alaska is nearly double that of Minnesota. These data should represent a major cause of alarm throughout the state.

CHALLENGE #4: To encourage the re-examination of gender-based stereotypes which reinforce gender-specific problem behaviors.

Throughout the data on Alaskan youths, when males and females are compared, there are important differences. Repeatedly, girls present a picture of being quietly disturbed while boys in distress have more of a profile of acting out. What we see is that for those behaviors which reflect internalized stress (eating disorders, suicide attempts, victimization, body dissatisfaction), girls are disproportionately involved. Conversely, for those behaviors which include violence and other antisocial activities, males are more consistently involved. In addition, males are generally less likely to tell anyone about their distress and less likely to seek help than females, thus further isolating them (see Table 37).

Table 37: Internalized Stress and Acting Out Behaviors and Concerns Among Teen Males and Females in Alaska

Concerns/Behaviors	Percent Of:	
Internalized Stress:	Males	Females
Lack of pride on ones body	16%	37%
Induced vomiting at least weekly	1%	3%
Abuse: Sexual	3%	25%
Abuse: Physical	8%	23%
Suicide Attempt	13%	23%
Acting Out:		
Repeated shoplifting	12%	6%
Repeated Vandalism	11%	4%
Daily/weekly use of alcohol[1]	24%	19%
Daily/weekly use of marijuana[1]	13%	9%

[1]High school seniors only.

CHALLENGE #5: To assure that quality health care is available and accessible to all teenagers in Alaska.

When one looks at the data on health services utilization, certain discrepancies are evident. Comparing those teens who live in towns of 2,500 people or more with those who live in smaller villages, we see that, in the last two years, those from larger communities are more likely to have had:

1. Regular physical exam
2. Hearing exam
3. Eye/vision exam
4. Dental exam

For each of these health services, there was, on average, more than a 10% difference between teens in Alaskas smaller and larger communities. In addition, when we look at health promotion behaviors such as brushing teeth at least daily and strenuous exercise at least three times per week, even greater differences as a function of community size were found.

When we turn from geographic differences within Alaska to look at health and fitness of Alaskan teenagers in comparison to the nation, what we see is that more Alaskan males and females are obese compared to national norms (see Table 38).

Table 38: Prevalence of Obesity Among Alaskan Adolescents and National Sample

	Alaska Males	National Males	Alaska Females	National Females[1]
Obesity[2]	15.4%	10.0%	13.5%	10.0%

[1]National Center for Health Statistics

[2]Obesity represents weight beyond the 90th percentile for national norms.

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A comparison of Alaskan youth and Minnesota youths' dietary intake is shown in Table 39. These comparisons suggest that Alaskan youths eat somewhat more meats and more fruits and vegetables while consuming less dairy and somewhat less carbohydrates than their Minnesota peers.

What is evident from these data is that, to be effective, health services for youth must include both health promotion as well as clinical health services.

Table 39: Comparison of Alaska and Minnesota Youths' Potential Dietary Deficiency

(consumption of each food group less than daily)

Food Group	Alaska	Minnesota
Meats and Meat Substitutes	29.3%	34.0%
Dairy Foods	17.6%	9.1%
Bread and Rice	20.7%	17.2%
Fruits and Vegetables	13.6%	17.9%

[1]The State of Adolescent Health in Minnesota, University of Minnesota Adolescent Health Program, 1989.

CHALLENGE #6: To educate and empower adolescents to make responsible and safe sexual decisions.

When looking at the sexual behaviors of teenagers in the state of Alaska, it appears that, by the time they reach the 12th grade, three out of four females and two out of three males have had intercourse.

While there are major discrepancies between Alaska and national data, one must keep in mind that current national data on adolescent sexual behaviors are unavailable (see Table 40). Even so, when we compare percentages of those who report ever having sexual intercourse between teens in Alaska and their counterparts from comparable communities in Minnesota, we see among 12th graders substantial differences between males in the two states (55% in rural Minnesota and 67% in Alaska) and even greater differences between females (57% in rural Minnesota and 73% in Alaska).

Perhaps an even more dramatic comparison is that nearly twice the number of 7th grade boys in Alaska (12 and 13 years of age) report having had sexual intercourse (28% vs. 15% in Minnesota) and half again as many 7th grade Alaskan girls report having had intercourse as their Minnesota peers (9% vs. 6%).

We know that the early onset of sexual intercourse increases the likelihood of both pregnancy and sexually transmitted diseases. Teenagers in Alaska tell us that many who are sexually active—nearly one out of three—rarely or never use birth control. This is nearly double what is found in Minnesota among comparable teenagers. Given this high rate of noncontracepting, it should be of little surprise that, by the 12th grade, one in five girls have been pregnant at least once.

Table 40: Comparison of Percent of Students Reporting They Have Ever Had Sexual Intercourse By Grade and Gender

	Alaska		National Survey Data[1]	
Grade	Males	Females	Males	Females
7	28%	9%	22%	9%
8	30%	20%	26%	9%
9	38%	33%	28%	13%
10	52%	52%	29%	13%
11	60%	67%	48%	27%
12	67%	73%	64%	44%

[1]National Survey Data 7-9th grade. Bachman, J.G., Johnston, L.D., OMalley, P.M. (1987). Monitoring the Future: Questionnaire responses from the nations high school seniors. Ann Arbor, Survey Research Center, Institute for Social Research, University of Michigan. Fifteen to 18 year olds, National Longitudinal Survey of Youth, 1983, Center for Human Resource Research, Ohio State University as reported in S.L. Hofferth and C.D. Hayes (Eds.) (1987). Risking the Future: Adolescent sexuality, pregnancy, and childbearing, Vol. II. Working papers and statistical appendices. Washington, D.C.: National Academy Press, Table 1.4, p. A-16/368.

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CHALLENGE #7: To establish chemical health as a priority issue for teenagers in Alaska and to address those dynamics which predispose to drug use. To meet this challenge, we must first acknowledge that the two primary substances of abuse are tobacco and alcohol. When daily cigarette and alcohol data are compared for 12th graders against national norms, what we we see is shown in Table 41.

Table 41: Daily Cigarette Smoking and Alcohol Consumption Among 12th Grade Students by Gender

	Alaska		Monitoring the Future[1]	
Substance[2]	Males	Females	Males	Females
Cigarettes	18.0%	27.0%	17.4%	18.1%
Alcohol	2.1%	1.2%	7.0%	3.0%

[1]Bachman, J.G., Johnston, L.D., OMalley, P.M. (1987). Monitoring the future: Questionnaire responses from the nations high school seniors. Ann Arbor, Survey Research Center, Institute for Social Research, University of Michigan.

[2]Format for Alaska survey drug use questions were: Never; Over a year ago; Less than monthly; About monthly; About weekly; and Daily. In MtF, respondents are asked how many times in the past 30 days they have used each of the substances. The frequency options are: 0; 1-2; 3-5; 6-9; 10-19; 20-39; 40 or more. In order to translate the MtF data to the Alaska continuum, the following equations were used: *Daily* = 20 or more times in the last 30 days.

For daily cigarette use, there is a much higher rate among female 12th graders in Alaska compared with the nation; however, based on self-report, there is less daily drinking by Alaskan seniors than for the nation as a whole. Regular use of marijuana in Alaska among high school seniors (at least weekly) is nearly double that of the nation. Whether marijuana use has replaced alcohol as the preferred substance of regular use by Alaskan seniors remains a possibility. To look at these data in isolation from the other information collected in the Adolescent Health Survey is to ignore the dynamics which predispose to drug abuse. We know that those who do poorly in school are more likely to abuse substances; so, too, are those who are emotionally stressed. We know that those who are emotionally isolated are more likely to abuse drugs as are those who have been abused.

Simply stated, developing a substance abuse prevention program which does not address the predisposing factors and their interrelationships is most likely to fail. It is critical to understand the forces which predispose youth to abuse drugs if we are to assist them in developing chemical health.

CHALLENGE #8: To invest adequately in the youth of Alaska with the realization that they are the state's most valuable resource. Clearly, this is the most difficult challenge of all. This report paints a portrait of youth in Alaska which suggests cause for concern in a number of areas. Yet, after the dust settles, will we say, "They'll grow out of it. We did?" Or, will we look at these data and ask, "Where should we invest our resources to help the largest numbers and most troubled of our adolescents?"

These are not easy questions which lend themselves to quick solutions. The meaning of these findings should be debated in our schools and in our legislature, in our churches, and in our communites. Only then may we develop a blueprint for action which will help all teenagers in Alaska achieve their maximum potential.

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